



Forms for Accident/Incident Recordkeeping and Reporting

**U.S. Department of Transportation
Federal Railroad Administration**

Office of Safety

RAILROAD INJURY AND ILLNESS SUMMARY

OMB Approval No.: 2130-0500

FORM FRA F 6180.55

This report is required by law (49 USC 20901). Failure to report can result in the imposition of civil penalties.

RAILROAD INJURY AND ILLNESS SUMMARY

1. Name of Reporting Railroad		2. Alphabetic Code	3. Report Month & Year	4. State Alphabetic Code	5. County
6. Name of Reporting Officer				7. Official Title	
8. Address				9. Telephone (Area Code) (Number)	
<p>10.</p> <p>I, _____, being first duly sworn, do say upon my oath that I</p> <p style="text-align: center;">(Name of Affiant)</p> <p>am _____, of the railroad aforesaid and as such officer of the said railroad it is my duty to have supervision</p> <p style="text-align: center;">(Title of Office held by affiant)</p> <p>over the record of reportable incidents arising from the operation of the said railroad, and that I have caused to be compiled from the said record and to be carefully examined the annexed report in attached hardcopy forms or magnetic media or electronic submission of such incidents occurring during the month named at the head of this sheet; and that the said report is true and complete to the best of my knowledge and belief.</p> <p>Subscribed and sworn to before me, a notary public in and for the State and County aforesaid, this _____ day of _____, 19 _____.</p> <p>(Use an im- [L.S] pression seal)</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; text-align: center;"> _____ (Notary Public) </div> <div style="width: 45%; text-align: center;"> _____ (Signature of affiant) </div> </div>					
OPERATIONAL DATA & ACCIDENT/INCIDENT COUNTS FOR REPORT MONTH					
11. Freight Train Miles		12. Passenger Train Miles		13. Yard Switching Train Miles	
14. Other Train Miles					
15. Railroad Worker Hours		16. Passenger Miles Operated		17. Number of Passengers Transported	
18. REPORTED CASUALTIES			19. NUMBER OF FRA FORMS ATTACHED		
Type of Person	Fatal	Nonfatal	FRA Form Number	Number Attached	
Worker on duty - employee			6180.54		
Employees not on duty			6180.55a		
Passengers on trains			6180.56		
Nontrespassers/on railroad property			6180.57		
Trespassers			6180.81		
Worker on duty - contractor					
Contractor - other					
Worker on duty - volunteer					
Volunteer - other					
Nontrespassers/off railroad property					
Grand total					
<p>20. Remarks Section. Please describe operational, environmental, or other circumstances that account for unusual fluctuations in train miles operated, employee hours, or passenger counts.</p>					

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<p>10. I, _____, being first duly sworn, do say upon my oath that I <i>(Name of Affiant)</i> am _____, of the railroad aforesaid and as such officer of the said railroad it is my duty to have supervision <i>(Title of Office held by affiant)</i> over the record of reportable incidents arising from the operation of the said railroad, and that I have caused to be compiled from the said record and to be carefully examined the annexed report in attached hardcopy forms or magnetic media or electronic submission of such incidents occurring during the month named at the head of this sheet; and that the said report is true and complete to the best of my knowledge and belief.</p> <p>Subscribed and sworn to before me, a notary public in and for the State and County aforesaid, this _____ day of _____, 19 _____.</p> <p>(Use an im- [L.S] pression seal) _____ <i>(Notary Public)</i> _____ <i>(Signature of affiant)</i></p>					
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(Use an im-

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(Notary Public)

(Signature of affiant)

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RAILROAD INJURY AND ILLNESS SUMMARY

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION (FRA)

(Continuation Sheet)

SHEET ____ OF ____
OMB Approval No.: 2130-0500

1. Name of Reporting Railroad	2. Alphabetic Code	3. Report Month	4. Report Year

5a. Accident/Injury Number	5b. Day	5c. Time of Day	5d. County	5e. State	5f. Type Person/Job Code	5g. Age				
5h. Drug/Alcohol Test	5i. Injury Illness Code	5j. Physical Act	5k. Location	5l. Event	5m. Result	5n. Cause	5o. Number of Days Away From Work	5p. Number of Days Restricted	5q. Exposure to Hazmat	5r. Termination or Permanent Transfer? (y/n)
5s. Narrative (Up to 250 Characters)										

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RAIL EQUIPMENT ACCIDENT/INCIDENT REPORT[illegible]

[illegible]

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION (FRA)

RAIL EQUIPMENT ACCIDENT/INCIDENT REPORT

OMB Approval No.: 2130-0500

1. Name of Reporting Railroad					1a. Alphabetic Code					1b. Railroad Accident/Incident No.					
2. Name of Other Railroad Involved in Train Accident/Incident					2a. Alphabetic Code					2b. Railroad Accident/Incident No.					
3. Name of Railroad Responsible for Track Maintenance (single entry)					3a. Alphabetic Code					3b. Railroad Accident/Incident No.					
4. U. S. DOT-AAR Grade Crossing Identification Number					5. Date of Accident/Incident month day year					6. Time of Accident/Incident AM <input type="checkbox"/> PM <input type="checkbox"/>					
7. Type of Accident/ Incident (single entry in code box)					1. Derailment 2. Head on collision 3. Rear end collision 4. Side collision 5. Raking collision 6. Broken train collision 7. Hwy-rail crossing 8. RR grade crossing 9. Obstruction 10. Explosion-detonation 11. Fire/violent rupture 12. Other impacts 13. Other (describe in narrative)					Code					
8. Cars Carrying HAZMAT		9. HAZMAT Cars Damaged/Derailed		10. Cars Releasing HAZMAT		11. People Evacuated		12. Division							
13. Nearest City/Town			14. Milepost (to nearest tenth)		15. State Abbr.		Code		16. County						
17. Temperature (F) (specify if minus)		18. Visibility (single entry)		Code		19. Weather (single entry)		Code		20. Type of Track		Code			
° F		1. Dawn 3. Duak 2. Day 4. Dark				1. Clear 3. Rain 5. Sleet 2. Cloudy 4. Fog 6. Snow				1. Main 3. Siding 2. Yard 4. Industry					
21. Track Name/Number			22. FRA Track Class (1-6, X)		Code		23. Annual Track Density (gross tons in millions)		Code		24. Time Table Direction		Code		
											1. North 3. East 2. South 4. West				
25. Type of Equipment Consist (single entry)		1. Freight train 2. Passenger train 3. Commuter train		4. Work train 5. Single car 6. Cut of cars		7. Yard/switching 8. Light loco(s) 9. Maint./inspect. car		Code		26. Was Equipment Attended?		Code		27. Train Number/Symbol	
										1. Yes 2. No					
28. Speed (recorded speed, if available) R - Recorded E - Estimated		Code		30. Method(s) of Operation (enter code(s) that apply)		m. Special instructions		o. Other (specify in narrative)							
MPH				a. ATCS b. Auto train control c. Auto train stop d. Cab signals e. Traffic control f. Interlocking		g. Automatic block h. Current of traffic i. Time table/train orders j. Track warrant control k. Direct traffic control l. Yard limits		n. Other than main track rules		Code(s)					
29. Trailing Tons (gross tonnage, excluding power units)															
31. Principal Car/Unit		a. Initial and Number		b. Position in Train		c. Loaded (yes/no)		32. If any railroad employees tested for drug or alcohol impairment, enter codes from reporting manual.							
(1) First Involved (derailed, struck, etc.)								Code(s)							
(2) Causing (if mechanical, cause reported)								33. Was this consist transporting passengers? (y/n)							
34. Locomotive Units		a. Head End		Mid Train		Rear End		35. Cars		Loaded		Empty		e. Caboose	
				b. Manual c. Remote		d. Manual e. Remote				a. Freight b. Pass.		c. Freight d. Pass.			
(1) Total in Train								(1) Total in Equipment Consist							
(2) Total Derailed								(2) Total Derailed							
36. Equipment Damage This Consist		37. Track, Signal, Way, & Structure Damage		38. Primary Cause Code		39. Contributing Cause Code									
Number of Crew Members								Length of Time on Duty							
40. Engineers/Operators		41. Firemen		42. Conductors		43. Brakemen		44. Engineer/Operator		45. Conductor					
								Hrs: Mins:		Hrs: Mins:					
Casualties to:		46. Railroad Employees		47. Train Passengers		48. Others		49. Special Study Block							
Fatal															
Nonfatal															
50. Narrative Description (Be specific, and continue on separate sheet if															
51. Typed/Printed Name & Title of Preparer						52. Signature				53. Date					

FORM FRA F 6180.54

RAIL EQUIPMENT ACCIDENT/INCIDENT REPORT

1. Name of Reporting Railroad					1a. Alphabetic Code					1b. Railroad Accident/Incident No.				
2. Name of Other Railroad Involved in Train Accident/Incident					2a. Alphabetic Code					2b. Railroad Accident/Incident No.				
3. Name of Railroad Responsible for Track Maintenance (single entry)					3a. Alphabetic Code					3b. Railroad Accident/Incident No.				
4. U. S. DOT-AAR Grade Crossing Identification Number					5. Date of Accident/Incident month day year					6. Time of Accident/Incident AM <input type="checkbox"/> PM <input type="checkbox"/>				
7. Type of Accident/ Incident (single entry in code box)					7. Type of Accident/ Incident (single entry in code box)					7. Type of Accident/ Incident (single entry in code box)				
1. Derailment 2. Head on collision 3. Rear end collision					4. Side collision 5. Raking collision 6. Broken train collision					7. Hwy-rail crossing 8. RR grade crossing 9. Obstruction				
10. Explosion-detonation 11. Fire/violent rupture 12. Other impacts					13. Other (describe in narrative)					Code				
8. Cars Carrying HAZMAT			9. HAZMAT Cars Damaged/ Derailed			10. Cars Releasing HAZMAT			11. People Evacuated			12. Division		
13. Nearest City/Town			14. Milepost (to nearest tenth)			15. State Abbr.			Code			16. County		
17. Temperature (F) (specify if minus)			18. Visibility (single entry)			Code			19. Weather (single entry)			Code		
1. Dawn 2. Day			3. Dusk 4. Dark			1. Clear 2. Cloudy			3. Rain 4. Fog			5. Sleet 6. Snow		
21. Track Name/ Number			22. FRA Track Class (1-6, X)			Code			23. Annual Track Density (gross tons in millions)			Code		
24. Time Table Direction			Code			25. Type of Equipment Consist (single entry)			26. Was Equipment Attended?			Code		
1. North 2. South			3. East 4. West			1. Freight train 2. Passenger train 3. Commuter train			4. Work train 5. Single car 6. Cut of cars			7. Yard/switching 8. Light loco(s) 9. Maint./inspect. car		
27. Train Number/Symbol			Code			28. Speed (recorded speed, if available)			Code			29. Trailing Tons (gross tonnage, excluding power units)		
R - Recorded E - Estimated			MPH			30. Method(s) of Operation a. ATCS b. Auto train control c. Auto train stop d. Cab signals e. Traffic control f. Interlocking			(enter code(s) that apply) g. Automatic block h. Current of traffic i. Time table/train orders j. Track warrant control k. Direct traffic control l. Yard limits			m. Special instructions n. Other than main track rules		
o. Other (specify in narrative)			Code(s)			31. Principal Car/Unit			a. Initial and Number			b. Position in Train		
c. Loaded (yes/no)			32. If any railroad employees tested for drug or alcohol impairment, enter codes from reporting manual.			Code(s)			33. Was this consist transporting passengers? (y/n)					
(1) First Involved (derailed, struck, etc.)														
(2) Causing (if mechanical, cause reported)														
34. Locomotive Units			a. Head End			Mid Train			Rear End			35. Cars		
b. Manual c. Remote			d. Manual			e. Remote			Loaded a. Freight b. Pass.			Empty c. Freight d. Pass.		
e. Caboose			(1) Total in Train			(1) Total in Equipment Consist								
(2) Total Derailed						(2) Total Derailed								
36. Equipment Damage This Consist			37. Track, Signal, Way, & Structure Damage			38. Primary Cause Code			39. Contributing Cause Code					
Number of Crew Members			Length of Time on Duty			40. Engineers/ Operators			41. Firemen			42. Conductors		
43. Brakemen			44. Engineer/Operator			Hrs: Mins:			45. Conductor			Hrs: Mins:		
Casualties to:			46. Railroad Employees			47. Train Passengers			48. Others			49. Special Study Block		
Fatal														
Nonfatal														
50. Narrative Description (Be specific, and continue on separate sheet if														
51. Typed/Printed Name & Title of Preparer					52. Signature					53. Date				

RAIL EQUIPMENT ACCIDENT/INCIDENT REPORT[illegible]

RAIL EQUIPMENT ACCIDENT/INCIDENT REPORT

OMB Approval No.: 2130-0500

1. Name of Reporting Railroad					1a. Alphabetic Code					1b. Railroad Accident/Incident No.				
2. Name of Other Railroad Involved in Train Accident/Incident					2a. Alphabetic Code					2b. Railroad Accident/Incident No.				
3. Name of Railroad Responsible for Track Maintenance (single entry)					3a. Alphabetic Code					3b. Railroad Accident/Incident No.				
4. U. S. DOT-AAR Grade Crossing Identification Number					5. Date of Accident/Incident month day year					6. Time of Accident/Incident AM <input type="checkbox"/> PM <input type="checkbox"/>				
7. Type of Accident/Incident (single entry in code box)					7. Type of Accident/Incident (single entry in code box)					7. Type of Accident/Incident (single entry in code box)				
1. Derailment					4. Side collision					10. Explosion-detonation				
2. Head on collision					5. Raking collision					11. Fire/violent rupture				
3. Rear end collision					6. Broken train collision					12. Other impacts				
8. Cars Carrying HAZMAT					9. HAZMAT Cars Damaged/Derailed					10. Cars Releasing HAZMAT				
11. People Evacuated					12. Division					13. Other (describe in narrative)				
14. Milepost (to nearest tenth)					15. State Abbr.					16. County				
17. Temperature (F) (specify if minus)					18. Visibility (single entry)					19. Weather (single entry)				
1. Dawn					2. Day					3. Clear				
4. Dusk					5. Dark					6. Rain				
7. Sleet					8. Snow					9. Type of Track				
1. Main					2. Siding					3. Industry				
4. North					5. East					6. South				
7. West					8. Code					9. Code				
20. Track Name/Number					21. FRA Track Class (1-6, X)					22. Annual Track Density (gross tons in millions)				
23. Time Table Direction					24. Train Number/Symbol					25. Type of Equipment				
1. Freight train					2. Work train					3. Yard/switching				
4. Passenger train					5. Single car					6. Light loco(s)				
7. Commuter train					8. Cut of cars					9. Maint./inspect. car				
26. Was Equipment Attended?					27. Train Number/Symbol					28. Speed (recorded speed, if available)				
1. Yes					2. No					3. Code				
29. Trailing Tons (gross tonnage, excluding power units)					30. Method(s) of Operation					31. Special instructions				
a. ATCS					b. Auto train control					c. Auto train stop				
d. Cab signals					e. Traffic control					f. Interlocking				
g. Automatic block					h. Current of traffic					i. Time table/train orders				
j. Track warrant control					k. Direct traffic control					l. Yard limits				
m. Other (specify in narrative)					n. Other than main track rules					o. Other (specify in narrative)				
32. Principal Car/Unit					33. Initial and Number					34. Position in Train				
(1) First Involved (derailed, struck, etc.)					(2) Causing (if mechanical, cause reported)					(3) Loaded (yes/no)				
35. Locomotive Units					36. Head End					37. Mid Train				
38. Manual					39. Remote					40. Rear End				
41. Manual					42. Remote					43. Cars				
44. Freight					45. Pass.					46. Freight				
47. Pass.					48. Freight					49. Pass.				
50. Caboose					51. Equipment Damage					52. Track, Signal, Way, & Structure Damage				
53. Primary Cause Code					54. Contributing Cause Code					55. Number of Crew Members				
56. Engineers/Operators					57. Firemen					58. Conductors				
59. Brakemen					60. Engineer/Operator					61. Conductor				
62. Hr.					63. Mins.					64. Hr.				
65. Mins.					66. Casualties to:					67. Railroad Employees				
68. Train Passengers					69. Others					70. Special Study Block				
71. Fatal					72. Nonfatal					73. Narrative Description				
74. Typed/Printed Name & Title of Preparer					75. Signature					76. Date				

EMPLOYEE HUMAN FACTOR ATTACHMENT

OMB No. 2130-0500

Name of Reporting Railroad	Railroad Accident/Incident No. (Block 1b, FRA F 6180.54)	Date of Accident/Incident (mo/day/year)
<p>The railroad has determined that (check only one)</p> <p><input type="checkbox"/> a. One or more railroad employees committed an act or omission or were in a physical condition that was a primary or a contributing cause of the accident/incident.</p> <p><input type="checkbox"/> b. Either no railroad employee committed an act or omission or was in a physical condition that was a primary or a contributing cause of the accident/incident or it is uncertain whether any person who was a railroad employee committed an act or omission or was in a physical condition that was a primary or a contributing cause of the accident/incident.</p>		
<p>If Item "b" above was checked, go to last line of form. If Item "a" above was checked, complete the following:</p> <p>The railroad has <u>identified</u>: (check only one)</p> <p><input type="checkbox"/> 1. All of the railroad employees who committed an act or omission or were in a physical condition that was a primary or contributing cause of the accident/incident.</p> <p><input type="checkbox"/> 2. Some, but not all, of the railroad employees who committed an act or omission or were in a physical condition that was a primary or contributing cause of the accident/incident.</p> <p><input type="checkbox"/> 3. None of the railroad employees who committed an act or omission or was in a physical condition that was a primary or contributing cause of the accident/incident.</p>		

If Item "3" above was checked, go to last line of form.

If Item "1" or "2" above was checked, complete the following for each employee whom the railroad has identified as having committed an act or omission or having been in a physical condition that was a primary or contributing cause of the accident/incident: (Attach additional pages if more room is needed.)

Name of Railroad Employee (last, first, middle)	Job Title	Railroad Code of Employing Railroad	Cause Code(s) Applicable to this Employee
<p>Briefly describe the employee's act, omission or physical condition that was a primary or a contributing cause of this accident/incident. The meanings of most cause codes are already stated in the "FRA Guide for Preparing Accident/Incident Reports." Briefly expand further, if information is not already stated in the narrative section of the Rail Equipment Accident/Incident Report.</p> <hr/> <hr/> <hr/>			
<p>Did this employee die as a result of the accident? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			

Typed Name and Title	Signature	Date
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**Instructions on Completing Form FRA F 6180.81,
"Employee Human Factor Attachment"**

This form should be completed only when a railroad, in reporting a rail equipment accident/incident to FRA, assigns any of the cause codes listed under "Train Operation - Human Factors" in the "FRA Guide for Preparing Accident/Incident Reports." except Cause Code 506, as the primary cause or a contributing cause of the rail equipment accident/incident.

Note on Notices to Railroad Employees Involved in Rail Equipment Accidents/Incidents:

Part I of FRA's Form FRA F 6180.78, "Notice to Railroad Employee Involved in Rail Equipment Accident/Incident Attributed to Employee Human Factor" ("Notice"), must be completed and the entire form (Parts I and II) forwarded to each employee listed in the Employee Human Factor Attachment as causing or contributing to the accident, with certain exceptions. The railroad's Rail Equipment Accident/Incident Report and Employee Human Factor Attachment must not be delayed in order to complete the Notice.

A Notice for an employee must not be sent if that employee has died as a result of the accident. A Notice for an employee is not required (and is not recommended) if the employee has died of whatever causes by the time that the Notice is ready to be sent.

A Notice for an employee must be sent within 45 days from the end of the month in which the accident/incident occurred, unless (i) the employee has died by the time that the Notice is ready to be sent or (ii) the reporting railroad, in its reasonable discretion, believes that notification of the employee should be deferred for a time on medical grounds.

PAPERWORK REDUCTION ACT STATEMENT

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Office of Safety Analysis, RRS-20, Federal Railroad Administration, 400 7th Street, S.W., Washington, D.C. 20590; and to the Regulatory Policy Branch (OMB No. 2130-0500), Office of Management and Budget, New Executive Office Bldg., 726 Jackson Place, N.W., Washington, D.C. 20530.

*U.S. GPO:1990-518-226/20292

EMPLOYEE HUMAN FACTOR ATTACHMENT

OMB No. 2130-0500

Name of Reporting Railroad	Railroad Accident/Incident No. (Block 1b, FRA F 6180.54)	Date of Accident/Incident (mo/day/year)
<p>The railroad has determined that (check only one)</p> <p><input type="checkbox"/> a. One or more railroad employees committed an act or omission or were in a physical condition that was a primary or a contributing cause of the accident/incident.</p> <p><input type="checkbox"/> b. Either no railroad employee committed an act or omission or was in a physical condition that was a primary or a contributing cause of the accident/incident or it is uncertain whether any person who was a railroad employee committed an act or omission or was in a physical condition that was a primary or a contributing cause of the accident/incident.</p>		
<p>If Item "b" above was checked, go to last line of form. If Item "a" above was checked, complete the following:</p> <p>The railroad has <u>identified</u>: (check only one)</p> <p><input type="checkbox"/> 1. All of the railroad employees who committed an act or omission or were in a physical condition that was a primary or contributing cause of the accident/incident.</p> <p><input type="checkbox"/> 2. Some, but not all, of the railroad employees who committed an act or omission or were in a physical condition that was a primary or contributing cause of the accident/incident.</p> <p><input type="checkbox"/> 3. None of the railroad employees who committed an act or omission or was in a physical condition that was a primary or contributing cause of the accident/incident.</p>		

If Item "3" above was checked, go to last line of form.

If Item "1" or "2" above was checked, complete the following for each employee whom the railroad has identified as having committed an act or omission or having been in a physical condition that was a primary or contributing cause of the accident/incident: (Attach additional pages if more room is needed.)

Name of Railroad Employee (last, first, middle)	Job Title	Railroad Code of Employing Railroad	Cause Code(s) Applicable to this Employee
<p>Briefly describe the employee's act, omission or physical condition that was a primary or a contributing cause of this accident/incident. The meanings of most cause codes are already stated in the "FRA Guide for Preparing Accident/Incident Reports." Briefly expand further, if information is not already stated in the narrative section of the Rail Equipment Accident/Incident Report.</p> <hr/> <hr/> <hr/>			
<p>Did this employee die as a result of the accident? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			

Typed Name and Title	Signature	Date
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**Instructions on Completing Form FRA F 6180.81,
"Employee Human Factor Attachment"**

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*U.S. GPO:1990-518-226/20292

EMPLOYEE HUMAN FACTOR ATTACHMENT

OMB No. 2130-0500

Name of Reporting Railroad	Railroad Accident/Incident No. (Block 1b, FRA F 6180.54)	Date of Accident/Incident (mo/day/year)
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The railroad has determined that (check only one)

- ☐ a. One or more railroad employees committed an act or omission or were in a physical condition that was a primary or a contributing cause of the accident/incident.
- ☐ b. Either no railroad employee committed an act or omission or was in a physical condition that was a primary or a contributing cause of the accident/incident or it is uncertain whether any person who was a railroad employee committed an act or omission or was in a physical condition that was a primary or a contributing cause of the accident/incident.

If Item "b" above was checked, go to last line of form. If Item "a" above was checked, complete the following:

The railroad has identified: (check only one)

- ☐ 1. All of the railroad employees who committed an act or omission or were in a physical condition that was a primary or contributing cause of the accident/incident.
- ☐ 2. Some, but not all, of the railroad employees who committed an act or omission or were in a physical condition that was a primary or contributing cause of the accident/incident.
- ☐ 3. None of the railroad employees who committed an act or omission or was in a physical condition that was a primary or contributing cause of the accident/incident.

If Item "3" above was checked, go to last line of form.

If Item "1" or "2" above was checked, complete the following for each employee whom the railroad has identified as having committed an act or omission or having been in a physical condition that was a primary or contributing cause of the accident/incident: (Attach additional pages if more room is needed.)

Name of Railroad Employee (last, first, middle)	Job Title	Railroad Code of Employing Railroad	Cause Code(s) Applicable to this Employee
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Briefly describe the employee's act, omission or physical condition that was a primary or a contributing cause of this accident/incident. The meanings of most cause codes are already stated in the "FRA Guide for Preparing Accident/Incident Reports." Briefly expand further, if information is not already stated in the narrative section of the Rail Equipment Accident/Incident Report.

Did this employee die as a result of the accident? ☐ Yes ☐ No

Typed Name and Title	Signature	Date
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**Instructions on Completing Form FRA F 6180.81,
"Employee Human Factor Attachment"**

This form should be completed only when a railroad, in reporting a rail equipment accident/incident to FRA, assigns any of the cause codes listed under "Train Operation - Human Factors" in the "FRA Guide for Preparing Accident/Incident Reports." except Cause Code 506, as the primary cause or a contributing cause of the rail equipment accident/incident.

Note on Notices to Railroad Employees Involved in Rail Equipment Accidents/Incidents:

Part I of FRA's Form FRA F 6180.78, "Notice to Railroad Employee Involved in Rail Equipment Accident/Incident Attributed to Employee Human Factor" ("Notice"), must be completed and the entire form (Parts I and II) forwarded to each employee listed in the Employee Human Factor Attachment as causing or contributing to the accident, with certain exceptions. The railroad's Rail Equipment Accident/Incident Report and Employee Human Factor Attachment must not be delayed in order to complete the Notice.

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*U.S. GPO:1990-518-226/20292

EMPLOYEE HUMAN FACTOR ATTACHMENT

OMB No. 2130-0500

Name of Reporting Railroad	Railroad Accident/Incident No. (Block 1b, FRA F 6180.54)	Date of Accident/Incident (mo/day/year)
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The railroad has determined that (check only one)

- ☐ a. One or more railroad employees committed an act or omission or were in a physical condition that was a primary or a contributing cause of the accident/incident.
- ☐ b. Either no railroad employee committed an act or omission or was in a physical condition that was a primary or a contributing cause of the accident/incident or it is uncertain whether any person who was a railroad employee committed an act or omission or was in a physical condition that was a primary or a contributing cause of the accident/incident.

If Item "b" above was checked, go to last line of form. If Item "a" above was checked, complete the following:

The railroad has identified: (check only one)

- ☐ 1. All of the railroad employees who committed an act or omission or were in a physical condition that was a primary or contributing cause of the accident/incident.
- ☐ 2. Some, but not all, of the railroad employees who committed an act or omission or were in a physical condition that was a primary or contributing cause of the accident/incident.
- ☐ 3. None of the railroad employees who committed an act or omission or was in a physical condition that was a primary or contributing cause of the accident/incident.

If Item "3" above was checked, go to last line of form.

If Item "1" or "2" above was checked, complete the following for each employee whom the railroad has identified as having committed an act or omission or having been in a physical condition that was a primary or contributing cause of the accident/incident: (Attach additional pages if more room is needed.)

Name of Railroad Employee (last, first, middle)	Job Title	Railroad Code of Employing Railroad	Cause Code(s) Applicable to this Employee
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Briefly describe the employee's act, omission or physical condition that was a primary or a contributing cause of this accident/incident. The meanings of most cause codes are already stated in the "FRA Guide for Preparing Accident/Incident Reports." Briefly expand further, if information is not already stated in the narrative section of the Rail Equipment Accident/Incident Report.

Did this employee die as a result of the accident? ☐ Yes ☐ No

Typed Name and Title	Signature	Date
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**Instructions on Completing Form FRA F 6180.81,
"Employee Human Factor Attachment"**

This form should be completed only when a railroad, in reporting a rail equipment accident/incident to FRA, assigns any of the cause codes listed under "Train Operation - Human Factors" in the "FRA Guide for Preparing Accident/Incident Reports." except Cause Code 506, as the primary cause or a contributing cause of the rail equipment accident/incident.

Note on Notices to Railroad Employees Involved in Rail Equipment Accidents/Incidents:

Part I of FRA's Form FRA F 6180.78, "Notice to Railroad Employee Involved in Rail Equipment Accident/Incident Attributed to Employee Human Factor" ("Notice"), must be completed and the entire form (Parts I and II) forwarded to each employee listed in the Employee Human Factor Attachment as causing or contributing to the accident, with certain exceptions. The railroad's Rail Equipment Accident/Incident Report and Employee Human Factor Attachment must not be delayed in order to complete the Notice.

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PAPERWORK REDUCTION ACT STATEMENT

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Office of Safety Analysis, RRS-20, Federal Railroad Administration, 400 7th Street, S.W., Washington, D.C. 20590; and to the Regulatory Policy Branch (OMB No. 2130-0500), Office of Management and Budget, New Executive Office Bldg., 726 Jackson Place, N.W., Washington, D.C. 20530.

*U.S. GPO:1990-518-226/20292

**NOTICE TO RAILROAD EMPLOYEE INVOLVED IN RAIL EQUIPMENT ACCIDENT/INCIDENT
ATTRIBUTED TO EMPLOYEE HUMAN FACTOR**

EMPLOYEE STATEMENT SUPPLEMENTING RAILROAD ACCIDENT REPORT

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION (FRA)

OMB Approval No.: 2130-0500

PART I - NOTICE TO RAILROAD EMPLOYEE INVOLVED IN RAIL EQUIPMENT ACCIDENT (To be completed by reporting railroad)

Name of Reporting Railroad		Date of Accident/Incident ____/____/____ mo day year	Accident/Incident No.	Location of Accident/Incident (State, nearest city/town)
Causes reported on Form FRA F 6180.54				
Applicable to this person?		Code	Description	
<input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Employee's Name (First, middle, last)		Job Title on Date of Accident	Name of Employing Railroad on Date of Accident/Incident	
Employee's Home Address or RFD No.				

Notice to Recipient. An accident occurred on the above date which the railroad alleges was at least partially caused by an action, lack of action, or the physical condition of a railroad employee. The railroad is sending you this notice because it believes that you had a role, but may not necessarily be the primary or only person responsible for the accident's occurrence. The railroad has reported to FRA that the primary and/or major contributing cause(s) of this accident are those listed above. Other causal factors related to this event may be described in the narrative portion of the railroad's report; a copy of which is attached.

You may submit a statement to FRA with a copy to this railroad and comment on any aspect of the railroad's report. The decision whether to submit such a statement is entirely optional on your part. If you choose to do so, please see the additional notices and instructions on the reverse of this form.

Name of Railroad Representative	Signature of Railroad Representative	Date Signed	Date Mailed/Hand Delivered
Name and address of railroad representative to whom form is to be returned:			

PART II - EMPLOYEE STATEMENT SUPPLEMENTING RAILROAD ACCIDENT REPORT (To be completed by notified person)

Willful false statements can result in imposition of civil penalties.

(Continue statement on separate sheet, if required, and mail with statement)

I have carefully read this statement and confirm that it is true to the best of my knowledge and belief.		Date Mailed/Hand Delivered to FRA: _____
Signature _____	Date Signed _____	Date Mailed/Hand Delivered to Railroad: _____

Your Telephone Number Home: () Work: ()	Home address, if different from address in Part I
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NOTE: This Notice and Employee Supplement under 49 CFR 225.12 are part of the reporting railroad's accident report to FRA pursuant to the accident reports statute and, as such, shall not "be admitted as evidence or used for any purpose in any suit or action for damages growing out of any matter mentioned in said report" 49 USC 20903. See 49 CFR 225.7 (b).

INSTRUCTIONS TO NOTIFIED RAILROAD EMPLOYEE

If you wish to provide a statement supplementing the railroad's report of the accident described in Part I, you must complete Part II of this form. Failure to provide a supplement does not constitute consent to any of the railroad's allegations.

If you choose to submit a supplement, you must also send a copy to the reporting railroad shown in Part I. This railroad is required to review your supplement and determine whether the railroad's report to the Federal Railroad Administration (FRA) needs to be revised. Supplements become part of the railroad's accident report to FRA and are available to others through the Freedom of Information Act. If you wish to submit confidential information to the FRA, do not use this form. Instead, you should use another means of communications, such as, a confidential letter addressed to your collective bargaining representative, or to the FRA, Office of Safety Assurance and Compliance, 400 Seventh Street, S.W., Washington, DC 20590.

Please print or type. If more room is needed, you may continue on additional pieces of paper.

You may attach any relevant supporting documents and photographs.

You may comment on the accuracy of any aspect of the railroad's report of this accident.

You have 35 days from the date that the notice was mailed or hand delivered to you. If you are unable to meet this deadline, you must provide an explanation of the reasons for the delay.

The original copy of this form, attachments, and supporting documents are to be mailed to:

Federal Railroad Administration
Office of Safety Analysis (RRS-22)
400 Seventh Street, S.W.
Washington, DC 20590

You must also provide a copy to the notifying railroad and retain one copy for your records.

Be sure to sign and date the supplement.

**NOTICE TO RAILROAD EMPLOYEE INVOLVED IN RAIL EQUIPMENT ACCIDENT/INCIDENT
ATTRIBUTED TO EMPLOYEE HUMAN FACTOR**

EMPLOYEE STATEMENT SUPPLEMENTING RAILROAD ACCIDENT REPORT

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION (FRA)

OMB Approval No.: 2130-0500

PART I - NOTICE TO RAILROAD EMPLOYEE INVOLVED IN RAIL EQUIPMENT ACCIDENT (To be completed by reporting railroad)

Name of Reporting Railroad	Date of Accident/Incident ____/____/____ mo day year	Accident/Incident No.	Location of Accident/Incident (State, nearest city/town)
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Applicable to this person? <input type="checkbox"/> Yes <input type="checkbox"/> No	Causes reported on Form FRA F 6180.54	
	Code	Description
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

Employee's Name (First, middle, last)	Job Title on Date of Accident	Name of Employing Railroad on Date of Accident/Incident
---------------------------------------	-------------------------------	---

Employee's Home Address or RFD No. _____

Notice to Recipient. An accident occurred on the above date which the railroad alleges was at least partially caused by an action, lack of action, or the physical condition of a railroad employee. The railroad is sending you this notice because it believes that you had a role, but may not necessarily be the primary or only person responsible for the accident's occurrence. The railroad has reported to FRA that the primary and/or major contributing cause(s) of this accident are those listed above. Other causal factors related to this event may be described in the narrative portion of the railroad's report; a copy of which is attached.

You may submit a statement to FRA with a copy to this railroad and comment on any aspect of the railroad's report. The decision whether to submit such a statement is entirely optional on your part. If you choose to do so, please see the additional notices and instructions on the reverse of this form.

Name of Railroad Representative	Signature of Railroad Representative	Date Signed	Date Mailed/Hand Delivered
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Name and address of railroad representative to whom form is to be returned:

PART II - EMPLOYEE STATEMENT SUPPLEMENTING RAILROAD ACCIDENT REPORT (To be completed by notified person)
Willful false statements can result in imposition of civil penalties.

(Continue statement on separate sheet, if required, and mail with statement)

I have carefully read this statement and confirm that it is true to the best of my knowledge and belief.	Date Mailed/Hand Delivered to FRA: _____
Signature _____	Date Mailed/Hand Delivered to Railroad: _____
Date Signed _____	

Your Telephone Number	Home address, if different from address in Part I
Home: () _____	
Work: () _____	

NOTE: This Notice and Employee Supplement under 49 CFR 225.12 are part of the reporting railroad's accident report to FRA pursuant to the accident reports statute and, as such, shall not "be admitted as evidence or used for any purpose in any suit or action for damages growing out of any matter mentioned in said report" 49 USC 20903. See 49 CFR 225.7 (b).

INSTRUCTIONS TO NOTIFIED RAILROAD EMPLOYEE

If you wish to provide a statement supplementing the railroad's report of the accident described in Part I, you must complete Part II of this form. Failure to provide a supplement does not constitute consent to any of the railroad's allegations.

If you choose to submit a supplement, you must also send a copy to the reporting railroad shown in Part I. This railroad is required to review your supplement and determine whether the railroad's report to the Federal Railroad Administration (FRA) needs to be revised. Supplements become part of the railroad's accident report to FRA and are available to others through the Freedom of Information Act. If you wish to submit confidential information to the FRA, do not use this form. Instead, you should use another means of communications, such as, a confidential letter addressed to your collective bargaining representative, or to the FRA, Office of Safety Assurance and Compliance, 400 Seventh Street, S.W., Washington, DC 20590.

Please print or type. If more room is needed, you may continue on additional pieces of paper.

You may attach any relevant supporting documents and photographs.

You may comment on the accuracy of any aspect of the railroad's report of this accident.

You have 35 days from the date that the notice was mailed or hand delivered to you. If you are unable to meet this deadline, you must provide an explanation of the reasons for the delay.

The original copy of this form, attachments, and supporting documents are to be mailed to:

Federal Railroad Administration
Office of Safety Analysis (RRS-22)
400 Seventh Street, S.W.
Washington, DC 20590

You must also provide a copy to the notifying railroad and retain one copy for your records..

Be sure to sign and date the supplement.

NOTICE TO RAILROAD EMPLOYEE INVOLVED IN RAIL EQUIPMENT ACCIDENT/INCIDENT ATTRIBUTED TO EMPLOYEE HUMAN FACTOR

EMPLOYEE STATEMENT SUPPLEMENTING RAILROAD ACCIDENT REPORT

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION (FRA)

OMB Approval No.: 2130-0500

PART I - NOTICE TO RAILROAD EMPLOYEE INVOLVED IN RAIL EQUIPMENT ACCIDENT (To be completed by reporting railroad)

Name of Reporting Railroad		Date of Accident/Incident ____/____/____ mo day year	Accident/Incident No.	Location of Accident/Incident (State, nearest city/town)
Applicable to this person?	Causes reported on Form FRA F 6180.54			
	Code	Description		
<input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Employee's Name (First, middle, last)		Job Title on Date of Accident	Name of Employing Railroad on Date of Accident/Incident	
Employee's Home Address or RFD No.				
<p>Notice to Recipient. An accident occurred on the above date which the railroad alleges was at least partially caused by an action, lack of action, or the physical condition of a railroad employee. The railroad is sending you this notice because it believes that you had a role, but may not necessarily be the primary or only person responsible for the accident's occurrence. The railroad has reported to FRA that the primary and/or major contributing cause(s) of this accident are those listed above. Other causal factors related to this event may be described in the narrative portion of the railroad's report; a copy of which is attached.</p> <p>You <u>may</u> submit a statement to FRA with a copy to this railroad and comment on any aspect of the railroad's report. The decision whether to submit such a statement is entirely optional on your part. If you choose to do so, please see the additional notices and instructions on the reverse of this form.</p>				
Name of Railroad Representative		Signature of Railroad Representative	Date Signed	Date Mailed/Hand Delivered

Name and address of railroad representative to whom form is to be returned:

PART II - EMPLOYEE STATEMENT SUPPLEMENTING RAILROAD ACCIDENT REPORT (To be completed by notified person)

Willful false statements can result in imposition of civil penalties.

[illegible]

(Continue statement on separate sheet, if required, and mail with statement)

I have carefully read this statement and confirm that it is true to the best of my knowledge and belief.

Date Mailed/Hand Delivered to FRA: _____

Signature

Date Signed _____

Date Mailed/Hand Delivered to Railroad: _____

Your Telephone Number	Home address, if different from address in Part I
Home: ()	
Work: ()	

NOTE: This Notice and Employee Supplement under 49 CFR 225.12 are part of the reporting railroad's accident report to FRA pursuant to the accident reports statute and, as such, shall not "be admitted as evidence or used for any purpose in any suit or action for damages growing out of any matter mentioned in said report . . ." 49 USC 20903. See 49 CFR 225.7 (b).

INSTRUCTIONS TO NOTIFIED RAILROAD EMPLOYEE

If you wish to provide a statement supplementing the railroad's report of the accident described in Part I, you must complete Part II of this form. Failure to provide a supplement does not constitute consent to any of the railroad's allegations.

If you choose to submit a supplement, you must also send a copy to the reporting railroad shown in Part I. This railroad is required to review your supplement and determine whether the railroad's report to the Federal Railroad Administration (FRA) needs to be revised. Supplements become part of the railroad's accident report to FRA and are available to others through the Freedom of Information Act. If you wish to submit confidential information to the FRA, do not use this form. Instead, you should use another means of communications, such as, a confidential letter addressed to your collective bargaining representative, or to the FRA, Office of Safety Assurance and Compliance, 400 Seventh Street, S.W., Washington, DC 20590.

Please print or type. If more room is needed, you may continue on additional pieces of paper.

You may attach any relevant supporting documents and photographs.

You may comment on the accuracy of any aspect of the railroad's report of this accident.

You have 35 days from the date that the notice was mailed or hand delivered to you. If you are unable to meet this deadline, you must provide an explanation of the reasons for the delay.

The original copy of this form, attachments, and supporting documents are to be mailed to:

Federal Railroad Administration
Office of Safety Analysis (RRS-22)
400 Seventh Street, S.W.
Washington, DC 20590

You must also provide a copy to the notifying railroad and retain one copy for your records..

Be sure to sign and date the supplement.

**NOTICE TO RAILROAD EMPLOYEE INVOLVED IN RAIL EQUIPMENT ACCIDENT/INCIDENT
ATTRIBUTED TO EMPLOYEE HUMAN FACTOR**

EMPLOYEE STATEMENT SUPPLEMENTING RAILROAD ACCIDENT REPORT

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION (FRA)

OMB Approval No.: 2130-0500

PART I - NOTICE TO RAILROAD EMPLOYEE INVOLVED IN RAIL EQUIPMENT ACCIDENT (To be completed by reporting railroad)

Name of Reporting Railroad	Date of Accident/Incident ____/____/____ mo day year	Accident/Incident No.	Location of Accident/Incident (State, nearest city/town)
Applicable to this person? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Causes reported on Form FRA F 6180.54		
	Code	Description	
Employee's Name (First, middle, last)		Job Title on Date of Accident	Name of Employing Railroad on Date of Accident/Incident
Employee's Home Address or RFD No.			

Notice to Recipient. An accident occurred on the above date which the railroad alleges was at least partially caused by an action, lack of action, or the physical condition of a railroad employee. The railroad is sending you this notice because it believes that you had a role, but may not necessarily be the primary or only person responsible for the accident's occurrence. The railroad has reported to FRA that the primary and/or major contributing cause(s) of this accident are those listed above. Other causal factors related to this event may be described in the narrative portion of the railroad's report; a copy of which is attached.

You may submit a statement to FRA with a copy to this railroad and comment on any aspect of the railroad's report. The decision whether to submit such a statement is entirely optional on your part. If you choose to do so, please see the additional notices and instructions on the reverse of this form.

Name of Railroad Representative	Signature of Railroad Representative	Date Signed	Date Mailed/Hand Delivered
Name and address of railroad representative to whom form is to be returned:			

PART II - EMPLOYEE STATEMENT SUPPLEMENTING RAILROAD ACCIDENT REPORT (To be completed by notified person)
Willful false statements can result in imposition of civil penalties.

(Continue statement on separate sheet, if required, and mail with statement)

I have carefully read this statement and confirm that it is true to the best of my knowledge and belief.

Date Mailed/Hand Delivered to FRA: _____

Signature _____

Date Signed _____

Date Mailed/Hand Delivered to Railroad: _____

Your Telephone Number

Home: () _____

Work: () _____

Home address, if different from address in Part I

NOTE: This Notice and Employee Supplement under 49 CFR 225.12 are part of the reporting railroad's accident report to FRA pursuant to the accident reports statute and, as such, shall not "be admitted as evidence or used for any purpose in any suit or action for damages growing out of any matter mentioned in said report" 49 USC 20903. See 49 CFR 225.7 (b).

INSTRUCTIONS TO NOTIFIED RAILROAD EMPLOYEE

If you wish to provide a statement supplementing the railroad's report of the accident described in Part I, you must complete Part II of this form. Failure to provide a supplement does not constitute consent to any of the railroad's allegations.

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Please print or type. If more room is needed, you may continue on additional pieces of paper.

You may attach any relevant supporting documents and photographs.

You may comment on the accuracy of any aspect of the railroad's report of this accident.

You have 35 days from the date that the notice was mailed or hand delivered to you. If you are unable to meet this deadline, you must provide an explanation of the reasons for the delay.

The original copy of this form, attachments, and supporting documents are to be mailed to:

Federal Railroad Administration
Office of Safety Analysis (RRS-22)
400 Seventh Street, S.W.
Washington, DC 20590

You must also provide a copy to the notifying railroad and retain one copy for your records..

Be sure to sign and date the supplement.

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION (FRA)

HIGHWAY-RAIL GRADE CROSSING
ACCIDENT/INCIDENT REPORT

OMB Approval No.: 2130-0500

1. Name of Reporting Railroad				1a. Alphabetic Code		1b. Railroad Accident/Incident No.	
2. Name of Other Railroad Involved in Train Accident/Incident				2a. Alphabetic Code		2b. Railroad Accident/Incident No.	
3. Name of Railroad Responsible for Track Maintenance (single entry)				3a. Alphabetic Code		3b. Railroad Accident/Incident No.	
4. U. S. DOT-AAR Grade Crossing Identification Number				5. Date of Accident/Incident month day year		6. Time of Accident/Incident AM <input type="checkbox"/> PM <input type="checkbox"/>	
7. Nearest Railroad Station		8. Division		9. County		10. State Abbr. Code	
11. City (if in a city)				12. Highway Name or Number Public <input type="checkbox"/> Private <input type="checkbox"/>			
Highway User Involved				Rail Equipment Involved			
13. Type C. Truck-trailer A. Auto B. Truck D. Pick-up truck E. Van		F. Bus G. School bus H. Motorcycle		J. Other motor vehicle K. Pedestrian M. Other (specify)		Code	
14. Vehicle Speed (est. mph at impact)		15. Direction (geographical) 1. North 2. South 3. East 4. West		Code		17. Equipment 1. Train (units pulling) 2. Train (units pushing)	
						3. Train (standing) 4. Car(s) (moving) 5. Car(s) (standing)	
						6. Light loco(s) (moving) 7. Light loco(s) (standing) 8. Other (specify)	
						Code	
16. Position 1. Stalled on crossing 2. Stopped on crossing 3. Moving over crossing 4. Trapped		Code		18. Position of Car Unit in Train			
				Code			
19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user		Code		20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway user 2. Rail equipment 3. Both 4. Neither			
				Code			
20b. Was there a hazardous materials release by 1. Highway user 2. Rail equipment 3. Both 4. Neither		Code		20c. State here the name and quantity of the hazardous material released, if any.			
21. Temperature (specify if minus) ° F		22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark		Code		23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow	
						Code	
24. Type of Equipment Consist (single entry) 1. Freight train 2. Passenger train 3. Commuter train 4. Work train 5. Single car 6. Cut of cars 7. Yard/swtching 8. Light loco(s) 9. Maint./inspect. car		Code		25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry		Code	
						26. Track Number or Name	
27. FRA Track Class (1-6, X)		28. Number of Locomotive Units		29. Number of Cars		30. Consist Speed (Recorded if available) R - Recorded E - Estimated MPH	
						Code	
31. Time Table Direction 1. North 2. South 3. East 4. West		Code		32. Type of Crossing Warning 1. Gates 2. Cantilever FLS 3. Standard FLS 4. Wig wags 5. Hwy. traffic signals 6. Audible 7. Crossbucks 8. Stop signs 9. Watchman 10. Flagged by crew 11. Other (specify) 12. None		33. Signaled Crossing Warning (See reverse side for) Code	
						34. Whistle Ban 1. Yes 2. No 3. Unknown	
35. Location of Warning 1. Both sides 2. Side of vehicle approach 3. Opposite side of vehicle approach		Code		36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown		Code	
						37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown	
38. Driver's Age		39. Driver's Gender 1. Male 2. Female		Code		40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown	
						Code	
41. Driver 1. Drove around or thru the gate 2. Stopped and then proceeded 3. Did not stop		Code		42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown		Code	
						43. View of Track Obscured by (primary obstruction) 1. Permanent structure 2. Standing railroad equipment 3. Passing train 4. Topography 5. Vegetation 6. Highway vehicles 7. Other (specify) 8. Not obstructed	
						Code	
Casualties to:		Killed		Injured		44. Driver was 1. Killed 2. Injured 3. Uninjured	
						Code	
46. Highway-Rail Crossing Users				47. Highway Vehicle Property Damage (est. dollar damage)		48. Total Number of Highway-Rail Crossing Users (include driver)	
49. Railroad Employees				50. Total Number of People on Train (include passengers and train crew)		51. Is a Rail Equipment Accident/ Incident Report Being Filed? 1. Yes 2. No	
						Code	
52. Passengers on Train							
53a. Special Study Block				53b. Special Study Block			
54. Narrative Description (Be specific, and continue on)							
55. Typed Name and Title				56. Signature		57. Date	

INSTRUCTIONS FOR COMPLETING BLOCK 33

Only if Types 1 - 6, Item 32 are indicated, mark in Block 33 the status of the warning devices at the crossing at the time of the accident, using the following codes:

1. Provided minimum 20-second warning.
2. Alleged warning time greater than 60 seconds.
3. Alleged warning time less than 20 seconds.
4. Alleged no warning.
5. Confirmed warning time greater than 60 seconds.
6. Confirmed warning time less than 20 seconds.
7. Confirmed no warning.

If status code 5, 6, or 7 was entered, also enter a letter code explanation from the list below:

- A. Insulated rail vehicle.
- B. Storm/lightning damage.
- C. Vandalism.
- D. No power/batteries dead.
- E. Devices down for repair.
- F. Devices out of service.
- G. Warning time greater than 60 seconds attributed to accident-involved train stopping short of the crossing, but within track circuit limits, while warning devices remain continuously active with no other in-motion train present.
- H. Warning time greater than 60 seconds attributed to track circuit failure (e.g., insulated rail joint or rail bonding failure, track or ballast fouled, etc.).
- J. Warning time greater than 60 seconds attributed to other train/equipment within track circuit limits.
- K. Warning time less than 20 seconds attributed to signals timing out before train's arrival at the crossing/island circuit.
- L. Warning time less than 20 seconds attributed to train operating counter to track circuit design direction.
- M. Warning time less than 20 seconds attributed to train speed in excess of track circuit's design speed.
- N. Warning time less than 20 seconds attributed to signal system's failure to detect train approach.
- P. Warning time less than 20 seconds attributed to violation of special train operating instructions.
- R. No warning attributed to signal system's failure to detect the train.
- S. Other cause(s). Explain in Narrative Description.

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION (FRA)

HIGHWAY-RAIL GRADE CROSSING
ACCIDENT/INCIDENT REPORT

OMB Approval No.: 2130-0500

1. Name of Reporting Railroad				1a. Alphabetic Code		1b. Railroad Accident/Incident No.	
2. Name of Other Railroad Involved in Train Accident/Incident				2a. Alphabetic Code		2b. Railroad Accident/Incident No.	
3. Name of Railroad Responsible for Track Maintenance (single entry)				3a. Alphabetic Code		3b. Railroad Accident/Incident No.	
4. U. S. DOT-AAR Grade Crossing Identification Number				5. Date of Accident/Incident month day year		6. Time of Accident/Incident AM <input type="checkbox"/> PM <input type="checkbox"/>	
7. Nearest Railroad Station		8. Division		9. County		10. State Abbr. Code	
11. City (if in a city)				12. Highway Name or Number Public <input type="checkbox"/> Private <input type="checkbox"/>			
Highway User Involved				Rail Equipment Involved			
13. Type A. Auto C. Truck-trailer B. Truck D. Pick-up truck		F. Bus J. Other motor vehicle G. School bus K. Pedestrian		Code		17. Equipment 1. Train (units pulling) 2. Train (units pushing)	
E. Van H. Motorcycle M. Other (specify)						3. Train (standing) 4. Car(s) (moving) 5. Car(s) (standing)	
14. Vehicle Speed (est. mph at impact)		15. Direction (geographical) 1. North 2. South 3. East 4. West		Code		18. Position of Car Unit in Train	
16. Position 1. Stalled on crossing 2. Stopped on crossing 3. Moving over crossing 4. Trapped		Code		19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user		Code	
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway user 2. Rail equipment 3. Both 4. Neither				Code			
20b. Was there a hazardous materials release by 1. Highway user 2. Rail equipment 3. Both 4. Neither				Code			
20c. State here the name and quantity of the hazardous material released, if any.							
21. Temperature (specify if minus) ° F		22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark		Code		23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow	
24. Type of Equipment Consist (single entry) 1. Freight train 2. Passenger train 3. Commuter train		4. Work train 5. Single car 6. Cut of cars		Code		25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry	
27. FRA Track Class (1-6, X)		28. Number of Locomotive Units		29. Number of Cars		30. Consist Speed (Recorded if available) R - Recorded E - Estimated MPH	
31. Time Table Direction 1. North 2. South 3. East 4. West		Code		32. Type of Crossing 1. Gates 2. Cantilever FLS 3. Standard FLS		33. Signaled Crossing Warning (See reverse side for) Code	
34. Whistle Ban 1. Yes 2. No 3. Unknown		Code		35. Location of Warning 1. Both sides 2. Side of vehicle approach 3. Opposite side of vehicle approach		Code	
36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown		Code		37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown		Code	
38. Driver's Age		39. Driver's Gender 1. Male 2. Female		Code		40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown	
41. Driver 1. Drove around or thru the gate 2. Stopped and then proceeded 3. Did not stop		Code		42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown		Code	
43. View of Track Obscured by (primary obstruction) 1. Permanent structure 2. Standing railroad equipment		3. Passing train 4. Topography		5. Vegetation 6. Highway vehicles		7. Other (specify) 8. Not obstructed	
44. Driver was 1. Killed 2. Injured 3. Uninjured		Code		45. Was Driver in the Vehicle? 1. Yes 2. No		Code	
46. Highway-Rail Crossing Users		47. Highway Vehicle Property Damage (est. dollar damage)		48. Total Number of Highway-Rail Crossing Users (include driver)			
49. Railroad Employees		50. Total Number of People on Train (include passengers and train crew)		51. Is a Rail Equipment Accident/ Incident Report Being Filed? 1. Yes 2. No		Code	
52. Passengers on Train							
53a. Special Study Block				53b. Special Study Block			
54. Narrative Description (Be specific, and continue on							
55. Typed Name and Title				56. Signature		57. Date	

INSTRUCTIONS FOR COMPLETING BLOCK 33

Only if Types 1 - 6, Item 32 are indicated, mark in Block 33 the status of the warning devices at the crossing at the time of the accident, using the following codes:

1. Provided minimum 20-second warning.
2. Alleged warning time greater than 60 seconds.
3. Alleged warning time less than 20 seconds.
4. Alleged no warning.
5. Confirmed warning time greater than 60 seconds.
6. Confirmed warning time less than 20 seconds.
7. Confirmed no warning.

If status code 5, 6, or 7 was entered, also enter a letter code explanation from the list below:

- A. Insulated rail vehicle.
- B. Storm/lightning damage.
- C. Vandalism.
- D. No power/batteries dead.
- E. Devices down for repair.
- F. Devices out of service.
- G. Warning time greater than 60 seconds attributed to accident-involved train stopping short of the crossing, but within track circuit limits, while warning devices remain continuously active with no other in-motion train present.
- H. Warning time greater than 60 seconds attributed to track circuit failure (e.g., insulated rail joint or rail bonding failure, track or ballast fouled, etc.).
- J. Warning time greater than 60 seconds attributed to other train/equipment within track circuit limits.
- K. Warning time less than 20 seconds attributed to signals timing out before train's arrival at the crossing/island circuit.
- L. Warning time less than 20 seconds attributed to train operating counter to track circuit design direction.
- M. Warning time less than 20 seconds attributed to train speed in excess of track circuit's design speed.
- N. Warning time less than 20 seconds attributed to signal system's failure to detect train approach.
- P. Warning time less than 20 seconds attributed to violation of special train operating instructions.
- R. No warning attributed to signal system's failure to detect the train.
- S. Other cause(s). Explain in Narrative Description.

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION (FRA)

HIGHWAY-RAIL GRADE CROSSING
ACCIDENT/INCIDENT REPORT

OMB Approval No.: 2130-0500

1. Name of Reporting Railroad				1a. Alphabetic Code		1b. Railroad Accident/Incident No.	
2. Name of Other Railroad Involved in Train Accident/Incident				2a. Alphabetic Code		2b. Railroad Accident/Incident No.	
3. Name of Railroad Responsible for Track Maintenance (single entry)				3a. Alphabetic Code		3b. Railroad Accident/Incident No.	
4. U. S. DOT-AAR Grade Crossing Identification Number				5. Date of Accident/Incident month day year		6. Time of Accident/Incident AM <input type="checkbox"/> PM <input type="checkbox"/>	
7. Nearest Railroad Station		8. Division		9. County		10. State Code Abbr. Code	
11. City (if in a city)				12. Highway Name or Number Public <input type="checkbox"/> Private <input type="checkbox"/>			
Highway User Involved				Rail Equipment Involved			
13. Type A. Auto C. Truck-trailer B. Truck D. Pick-up truck E. Van		F. Bus J. Other motor vehicle G. School bus K. Pedestrian H. Motorcycle M. Other (specify)		Code		17. Equipment 1. Train (units pulling) 2. Train (units pushing) 3. Train (standing) 4. Car(s) (moving) 5. Car(s) (standing) 6. Light loco(s) (moving) 7. Light loco(s) (standing) 8. Other (specify) Code	
14. Vehicle Speed (est. mph at impact)		15. Direction (geographical) 1. North 2. South 3. East 4. West		Code		18. Position of Car Unit in Train	
16. Position 1. Stalled on crossing 2. Stopped on crossing 3. Moving over crossing 4. Trapped		Code		19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user		Code	
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials?		Code		20b. Was there a hazardous materials release by		Code	
1. Highway user 2. Rail equipment 3. Both 4. Neither				1. Highway user 2. Rail equipment 3. Both 4. Neither			
20c. State here the name and quantity of the hazardous material released, if any.							
21. Temperature (specify if minus) ° F		22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark		Code		23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow	
24. Type of Equipment Consist (single entry) 1. Freight train 2. Passenger train 3. Commuter train 4. Work train 5. Single car 6. Cut of cars 7. Yard/switching 8. Light loco(s) 9. Maint./inspect. car		Code		25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry		26. Track Number or Name	
27. FRA Track Class (1-6, X)		28. Number of Locomotive Units		29. Number of Cars		30. Consist Speed (Recorded if available) R - Recorded E - Estimated MPH	
31. Time Table Direction 1. North 2. South 3. East 4. West		Code		32. Type of Crossing 1. Gates 2. Cantilever FLS 3. Standard FLS 4. Wig wags 5. Hwy. traffic signals 6. Audible 7. Crossbucks 8. Stop signs 9. Watchman 10. Flagged by crew 11. Other (specify) 12. None		33. Signaled Crossing Warning (See reverse side for) Code	
34. Whistle Ban 1. Yes 2. No 3. Unknown		Code		35. Location of Warning 1. Both sides 2. Side of vehicle approach 3. Opposite side of vehicle approach		Code	
36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown		Code		37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown		Code	
38. Driver's Age		39. Driver's Gender 1. Male 2. Female		Code		40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown	
41. Driver 1. Drove around or thru the gate 2. Stopped and then proceeded 3. Did not stop		Code		42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown		Code	
43. View of Track Obscured by (primary obstruction) 1. Permanent structure 2. Standing railroad equipment 3. Passing train 4. Topography 5. Vegetation 6. Highway vehicles 7. Other (specify) 8. Not obstructed		Code		44. Driver was 1. Killed 2. Injured 3. Uninjured		Code	
45. Was Driver in the Vehicle? 1. Yes 2. No		Code		46. Highway-Rail Crossing Users		47. Highway Vehicle Property Damage (est. dollar damage)	
48. Total Number of Highway-Rail Crossing Users (include driver)		49. Railroad Employees		50. Total Number of People on Train (include passengers and train crew)		51. Is a Rail Equipment Accident/ Incident Report Being Filed? 1. Yes 2. No	
52. Passengers on Train		53a. Special Study Block		53b. Special Study Block			
54. Narrative Description (Be specific, and continue on							
55. Typed Name and Title							
56. Signature				57. Date			

INSTRUCTIONS FOR COMPLETING BLOCK 33

Only if Types 1 - 6, Item 32 are indicated, mark in Block 33 the status of the warning devices at the crossing at the time of the accident, using the following codes:

1. Provided minimum 20-second warning.
2. Alleged warning time greater than 60 seconds.
3. Alleged warning time less than 20 seconds.
4. Alleged no warning.
5. Confirmed warning time greater than 60 seconds.
6. Confirmed warning time less than 20 seconds.
7. Confirmed no warning.

If status code 5, 6, or 7 was entered, also enter a letter code explanation from the list below:

- A. Insulated rail vehicle.
- B. Storm/lightning damage.
- C. Vandalism.
- D. No power/batteries dead.
- E. Devices down for repair.
- F. Devices out of service.
- G. Warning time greater than 60 seconds attributed to accident-involved train stopping short of the crossing, but within track circuit limits, while warning devices remain continuously active with no other in-motion train present.
- H. Warning time greater than 60 seconds attributed to track circuit failure (e.g., insulated rail joint or rail bonding failure, track or ballast fouled, etc.).
- J. Warning time greater than 60 seconds attributed to other train/equipment within track circuit limits.
- K. Warning time less than 20 seconds attributed to signals timing out before train's arrival at the crossing/island circuit.
- L. Warning time less than 20 seconds attributed to train operating counter to track circuit design direction.
- M. Warning time less than 20 seconds attributed to train speed in excess of track circuit's design speed.
- N. Warning time less than 20 seconds attributed to signal system's failure to detect train approach.
- P. Warning time less than 20 seconds attributed to violation of special train operating instructions.
- R. No warning attributed to signal system's failure to detect the train.
- S. Other cause(s). Explain in Narrative Description.

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION (FRA)

HIGHWAY-RAIL GRADE CROSSING
ACCIDENT/INCIDENT REPORT

OMB Approval No.: 2130-0500

1. Name of Reporting Railroad				1a. Alphabetic Code		1b. Railroad Accident/Incident No.	
2. Name of Other Railroad Involved in Train Accident/Incident				2a. Alphabetic Code		2b. Railroad Accident/Incident No.	
3. Name of Railroad Responsible for Track Maintenance (single entry)				3a. Alphabetic Code		3b. Railroad Accident/Incident No.	
4. U. S. DOT-AAR Grade Crossing Identification Number				5. Date of Accident/Incident month day year		6. Time of Accident/Incident AM <input type="checkbox"/> PM <input type="checkbox"/>	
7. Nearest Railroad Station		8. Division		9. County		10. State Abbr. Code	
11. City (if in a city)				12. Highway Name or Number Public <input type="checkbox"/> Private <input type="checkbox"/>			
Highway User Involved				Rail Equipment Involved			
13. Type C. Truck-trailer A. Auto B. Truck D. Pick-up truck E. Van		F. Bus G. School bus H. Motorcycle		I. Other motor vehicle J. Pedestrian K. Other (specify)		Code	
14. Vehicle Speed (est. mph at impact)		15. Direction (geographical) 1. North 2. South 3. East 4. West		Code		17. Equipment 3. Train (standing) 6. Light loco(s) (moving) 7. Light loco(s) (standing) 8. Other (specify)	
16. Position 1. Stalled on crossing 2. Stopped on crossing 3. Moving over crossing 4. Trapped		Code		18. Position of Car Unit in Train			
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials?		Code		20b. Was there a hazardous materials release by			
1. Highway user 2. Rail equipment 3. Both 4. Neither				1. Highway user 2. Rail equipment 3. Both 4. Neither			
20c. State here the name and quantity of the hazardous material released, if any.							
21. Temperature (specify if minus) ° F		22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark		Code		23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow	
24. Type of Equipment Consist (single entry)		1. Freight train 4. Work train 7. Yard/switching 2. Passenger train 5. Single car 8. Light loco(s) 3. Commuter train 6. Cut of cars 9. Maint./inspect. car		Code		25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry	
26. Track-Number or Name		27. FRA Track Class (1-6, X)		28. Number of Locomotive Units		29. Number of Cars	
30. Consist Speed (Recorded if available) R - Recorded E - Estimated		Code		31. Time Table Direction 1. North 3. East 2. South 4. West		Code	
32. Type of Crossing Warning 1. Gates 2. Cantilever FLS 3. Standard FLS		4. Wig wags 5. Hwy. traffic signals 6. Audible		7. Crossbucks 8. Stop signs 9. Watchman		10. Flagged by crew 11. Other (specify) 12. None	
33. Signaled Crossing Warning (See reverse side for)		Code		34. Whistle Ban 1. Yes 2. No 3. Unknown		Code	
35. Location of Warning 1. Both sides 2. Side of vehicle approach 3. Opposite side of vehicle approach		Code		36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown		Code	
37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown		Code		38. Driver's Age		39. Driver's Gender 1. Male 2. Female	
40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown		Code		41. Driver 1. Drove around or thru the gate 2. Stopped and then proceeded 3. Did not stop		Code	
42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown		Code		43. View of Track Obscured by (primary obstruction) 1. Permanent structure 2. Standing railroad equipment 3. Passing train 4. Topography 5. Vegetation 6. Highway vehicles 7. Other (specify) 8. Not obstructed		Code	
Casualties to:		Killed		Injured		44. Driver was 1. Killed 2. Injured 3. Uninjured	
46. Highway-Rail Crossing Users				47. Highway Vehicle Property Damage (est. dollar damage)		48. Total Number of Highway-Rail Crossing Users (include driver)	
49. Railroad Employees				50. Total Number of People on Train (include passengers and train crew)		51. Is a Rail Equipment Accident/ Incident Report Being Filed? 1. Yes 2. No	
52. Passengers on Train							
53a. Special Study Block				53b. Special Study Block			
54. Narrative Description (Be specific, and continue on							
55. Typed Name and Title				56. Signature		57. Date	

INSTRUCTIONS FOR COMPLETING BLOCK 33

Only if Types 1 - 6, Item 32 are indicated, mark in Block 33 the status of the warning devices at the crossing at the time of the accident, using the following codes:

1. Provided minimum 20-second warning.
2. Alleged warning time greater than 60 seconds.
3. Alleged warning time less than 20 seconds.
4. Alleged no warning.
5. Confirmed warning time greater than 60 seconds.
6. Confirmed warning time less than 20 seconds.
7. Confirmed no warning.

If status code 5, 6, or 7 was entered, also enter a letter code explanation from the list below:

- A. Insulated rail vehicle.
- B. Storm/lightning damage.
- C. Vandalism.
- D. No power/batteries dead.
- E. Devices down for repair.
- F. Devices out of service.
- G. Warning time greater than 60 seconds attributed to accident-involved train stopping short of the crossing, but within track circuit limits, while warning devices remain continuously active with no other in-motion train present.
- H. Warning time greater than 60 seconds attributed to track circuit failure (e.g., insulated rail joint or rail bonding failure, track or ballast fouled, etc.).
- J. Warning time greater than 60 seconds attributed to other train/equipment within track circuit limits.
- K. Warning time less than 20 seconds attributed to signals timing out before train's arrival at the crossing/island circuit.
- L. Warning time less than 20 seconds attributed to train operating counter to track circuit design direction.
- M. Warning time less than 20 seconds attributed to train speed in excess of track circuit's design speed.
- N. Warning time less than 20 seconds attributed to signal system's failure to detect train approach.
- P. Warning time less than 20 seconds attributed to violation of special train operating instructions.
- R. No warning attributed to signal system's failure to detect the train.
- S. Other cause(s). Explain in Narrative Description.

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION (FRA)

HIGHWAY-RAIL GRADE CROSSING
ACCIDENT/INCIDENT REPORT

OMB Approval No.: 2130-0500

1. Name of Reporting Railroad				1a. Alphabetic Code		1b. Railroad Accident/Incident No.	
2. Name of Other Railroad Involved in Train Accident/Incident				2a. Alphabetic Code		2b. Railroad Accident/Incident No.	
3. Name of Railroad Responsible for Track Maintenance (single entry)				3a. Alphabetic Code		3b. Railroad Accident/Incident No.	
4. U. S. DOT-AAR Grade Crossing Identification Number				5. Date of Accident/Incident month day year		6. Time of Accident/Incident AM <input type="checkbox"/> PM <input type="checkbox"/>	
7. Nearest Railroad Station		8. Division		9. County		10. State Abbr. Code	
11. City (if in a city)				12. Highway Name or Number Public <input type="checkbox"/> Private <input type="checkbox"/>			
Highway User Involved				Rail Equipment Involved			
13. Type C. Truck-trailer A. Auto B. Truck E. Van		F. Bus G. School bus H. Motorcycle M. Other (specify)		J. Other motor vehicle K. Pedestrian L. Other (specify)		Code	
14. Vehicle Speed (est. mph at impact)		15. Direction (geographical) 1. North 2. South 3. East 4. West		Code		17. Equipment 1. Train (units pulling) 2. Train (units pushing)	
						3. Train (standing) 4. Car(s) (moving) 5. Car(s) (standing)	
						6. Light loco(s) (moving) 7. Light loco(s) (standing) 8. Other (specify)	
						Code	
16. Position 1. Stalled on crossing 2. Stopped on crossing 3. Moving over crossing 4. Trapped				Code			
18. Position of Car Unit in Train				Code			
19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user				Code			
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway user 2. Rail equipment 3. Both 4. Neither				Code			
20b. Was there a hazardous materials release by 1. Highway user 2. Rail equipment 3. Both 4. Neither				Code			
20c. State here the name and quantity of the hazardous material released, if any.							
21. Temperature (specify if miras) ° F		22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark		Code		23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow	
24. Type of Equipment Consist (single entry) 1. Freight train 2. Passenger train 3. Commuter train		4. Work train 5. Single car 6. Cut of cars		7. Yard/switching 8. Light loco(s) 9. Maint./inspect. car		Code	
25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry		Code		26. Track Number or Name		Code	
27. FRA Track Class (1-6, X)		28. Number of Locomotive Units		29. Number of Cars		30. Consist Speed (Recorded if available) R - Recorded E - Estimated MPH	
31. Time Table Direction 1. North 2. South 3. East 4. West		Code		32. Type of Crossing Warning 1. Gates 2. Cantilever FLS 3. Standard FLS		Code	
33. Signaled Crossing Warning (See reverse side for) Code		34. Whistle Ban 1. Yes 2. No 3. Unknown		Code		35. Location of Warning 1. Both sides 2. Side of vehicle approach 3. Opposite side of vehicle approach	
Code(s)		Code		36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown		Code	
37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown		Code		38. Driver's Age 1. Male 2. Female		Code	
39. Driver's Gender 1. Male 2. Female		Code		40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown		Code	
41. Driver 1. Drove around or thru the gate 2. Stopped and then proceeded 3. Did not stop		Code		42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown		Code	
43. View of Track Obscured by (primary obstruction) 1. Permanent structure 2. Standing railroad equipment 3. Passing train 4. Topography		Code		44. Driver was 1. Killed 2. Injured 3. Uninjured		Code	
45. Was Driver in the Vehicle? 1. Yes 2. No		Code		46. Highway-Rail Crossing Users		Code	
47. Highway Vehicle Property Damage (est. dollar damage)		Code		48. Total Number of Highway-Rail Crossing Users (include driver)		Code	
49. Railroad Employees		Code		50. Total Number of People on Train (include passengers and train crew)		Code	
51. Is a Rail Equipment Accident/ Incident Report Being Filed? 1. Yes 2. No		Code		52. Passengers on Train		Code	
53a. Special Study Block				53b. Special Study Block			
54. Narrative Description (Be specific, and continue on							
55. Typed Name and Title				56. Signature		57. Date	

INSTRUCTIONS FOR COMPLETING BLOCK 33

Only if Types 1 - 6, Item 32 are indicated, mark in Block 33 the status of the warning devices at the crossing at the time of the accident, using the following codes:

1. Provided minimum 20-second warning.
2. Alleged warning time greater than 60 seconds.
3. Alleged warning time less than 20 seconds.
4. Alleged no warning.
5. Confirmed warning time greater than 60 seconds.
6. Confirmed warning time less than 20 seconds.
7. Confirmed no warning.

If status code 5, 6, or 7 was entered, also enter a letter code explanation from the list below:

- A. Insulated rail vehicle.
- B. Storm/lightning damage.
- C. Vandalism.
- D. No power/batteries dead.
- E. Devices down for repair.
- F. Devices out of service.
- G. Warning time greater than 60 seconds attributed to accident-involved train stopping short of the crossing, but within track circuit limits, while warning devices remain continuously active with no other in-motion train present.
- H. Warning time greater than 60 seconds attributed to track circuit failure (e.g., insulated rail joint or rail bonding failure, track or ballast fouled, etc.).
- J. Warning time greater than 60 seconds attributed to other train/equipment within track circuit limits.
- K. Warning time less than 20 seconds attributed to signals timing out before train's arrival at the crossing/island circuit.
- L. Warning time less than 20 seconds attributed to train operating counter to track circuit design direction.
- M. Warning time less than 20 seconds attributed to train speed in excess of track circuit's design speed.
- N. Warning time less than 20 seconds attributed to signal system's failure to detect train approach.
- P. Warning time less than 20 seconds attributed to violation of special train operating instructions.
- R. No warning attributed to signal system's failure to detect the train.
- S. Other cause(s). Explain in Narrative Description.

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION (FRA)

HIGHWAY-RAIL GRADE CROSSING
ACCIDENT/INCIDENT REPORT

OMB Approval No.: 2130-0500

1. Name of Reporting Railroad				1a. Alphabetic Code		1b. Railroad Accident/Incident No.	
2. Name of Other Railroad Involved in Train Accident/Incident				2a. Alphabetic Code		2b. Railroad Accident/Incident No.	
3. Name of Railroad Responsible for Track Maintenance (single entry)				3a. Alphabetic Code		3b. Railroad Accident/Incident No.	
4. U. S. DOT-AAR Grade Crossing Identification Number				5. Date of Accident/Incident month day year		6. Time of Accident/Incident AM <input type="checkbox"/> PM <input type="checkbox"/>	
7. Nearest Railroad Station		8. Division		9. County		10. State Abbr. Code	
11. City (if in a city)				12. Highway Name or Number Public <input type="checkbox"/> Private <input type="checkbox"/>			
Highway User Involved				Rail Equipment Involved			
13. Type A. Auto B. Truck C. Truck-trailer D. Pick-up truck E. Van F. Bus G. School bus H. Motorcycle J. Other motor vehicle K. Pedestrian M. Other (specify)		Code		17. Equipment 1. Train (units pulling) 2. Train (units pushing) 3. Train (standing) 4. Car(s) (moving) 5. Car(s) (standing) 6. Light loco(s) (moving) 7. Light loco(s) (standing) 8. Other (specify)		Code	
14. Vehicle Speed (est. mph at impact)		15. Direction (geographical) 1. North 2. South 3. East 4. West		Code		18. Position of Car Unit in Train	
16. Position 1. Stalled on crossing 2. Stopped on crossing 3. Moving over crossing 4. Trapped		Code		19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user		Code	
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway user 2. Rail equipment 3. Both 4. Neither				Code			
20b. Was there a hazardous materials release by 1. Highway user 2. Rail equipment 3. Both 4. Neither				Code			
20c. State here the name and quantity of the hazardous material released, if any.							
21. Temperature (specify if minus) ° F		22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark		Code		23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow	
24. Type of Equipment Consist (single entry) 1. Freight train 2. Passenger train 3. Commuter train 4. Work train 5. Single car 6. Cut of cars 7. Yard/switching 8. Light loco(s) 9. Maint./inspect. car		Code		25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry		Code	
27. FRA Track Class (1-6, X)		28. Number of Locomotive Units		29. Number of Cars		30. Consist Speed (Recorded if available) R - Recorded E - Estimated MPH	
31. Time Table Direction 1. North 3. East 2. South 4. West		Code		32. Type of Crossing Warning 1. Gates 2. Cantilever FLS 3. Standard FLS 4. Wig wags 5. Hwy. traffic signals 6. Audible 7. Crossbucks 8. Stop signs 9. Watchman 10. Flagged by crew 11. Other (specify) 12. None		33. Signaled Crossing Warning (See reverse side for) Code	
34. Whistle Ban 1. Yes 2. No 3. Unknown		Code		35. Location of Warning 1. Both sides 2. Side of vehicle approach 3. Opposite side of vehicle approach		Code	
36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown		Code		37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown		Code	
38. Driver's Age		39. Driver's Gender 1. Male 2. Female		Code		40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown	
41. Driver 1. Drove around or thru the gate 2. Stopped and then proceeded 3. Did not stop		Code		42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown		Code	
43. View of Track Obscured by (primary obstruction) 1. Permanent structure 2. Standing railroad equipment 3. Passing train 4. Topography 5. Vegetation 6. Highway vehicles 7. Other (specify) 8. Not obstructed		Code		44. Driver was 1. Killed 2. Injured 3. Uninjured		Code	
45. Was Driver in the Vehicle? 1. Yes 2. No		Code		46. Highway-Rail Crossing Users		47. Highway Vehicle Property Damage (est. dollar damage)	
48. Total Number of Highway-Rail Crossing Users (include driver)		Code		49. Railroad Employees		50. Total Number of People on Train (include passengers and train crew)	
51. Is a Rail Equipment Accident/ Incident Report Being Filed? 1. Yes 2. No		Code		52. Passengers on Train		53a. Special Study Block	
53b. Special Study Block		54. Narrative Description (Be specific, and continue on					
55. Typed Name and Title							
56. Signature				57. Date			

INSTRUCTIONS FOR COMPLETING BLOCK 33

Only if Types 1 - 6, Item 32 are indicated, mark in Block 33 the status of the warning devices at the crossing at the time of the accident, using the following codes:

1. Provided minimum 20-second warning.
2. Alleged warning time greater than 60 seconds.
3. Alleged warning time less than 20 seconds.
4. Alleged no warning.
5. Confirmed warning time greater than 60 seconds.
6. Confirmed warning time less than 20 seconds.
7. Confirmed no warning.

If status code 5, 6, or 7 was entered, also enter a letter code explanation from the list below:

- A. Insulated rail vehicle.
- B. Storm/lightning damage.
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- G. Warning time greater than 60 seconds attributed to accident-involved train stopping short of the crossing, but within track circuit limits, while warning devices remain continuously active with no other in-motion train present.
- H. Warning time greater than 60 seconds attributed to track circuit failure (e.g., insulated rail joint or rail bonding failure, track or ballast fouled, etc.).
- J. Warning time greater than 60 seconds attributed to other train/equipment within track circuit limits.
- K. Warning time less than 20 seconds attributed to signals timing out before train's arrival at the crossing/island circuit.
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- M. Warning time less than 20 seconds attributed to train speed in excess of track circuit's design speed.
- N. Warning time less than 20 seconds attributed to signal system's failure to detect train approach.
- P. Warning time less than 20 seconds attributed to violation of special train operating instructions.
- R. No warning attributed to signal system's failure to detect the train.
- S. Other cause(s). Explain in Narrative Description.

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION (FRA)

HIGHWAY-RAIL GRADE CROSSING
ACCIDENT/INCIDENT REPORT

OMB Approval No.: 2130-0500

1. Name of Reporting Railroad				1a. Alphabetic Code		1b. Railroad Accident/Incident No.	
2. Name of Other Railroad Involved in Train Accident/Incident				2a. Alphabetic Code		2b. Railroad Accident/Incident No.	
3. Name of Railroad Responsible for Track Maintenance (single entry)				3a. Alphabetic Code		3b. Railroad Accident/Incident No.	
4. U. S. DOT-AAR Grade Crossing Identification Number				5. Date of Accident/Incident month day year		6. Time of Accident/Incident AM <input type="checkbox"/> PM <input type="checkbox"/>	
7. Nearest Railroad Station		8. Division		9. County		10. State Code Abbr. Code	
11. City (if in a city)				12. Highway Name or Number Public <input type="checkbox"/> Private <input type="checkbox"/>			
Highway User Involved				Rail Equipment Involved			
13. Type A. Auto C. Truck-trailer B. Truck D. Pick-up truck E. Van		F. Bus J. Other motor vehicle G. School bus K. Pedestrian H. Motorcycle M. Other (specify)		Code		17. Equipment 1. Train (units pulling) 3. Train (standing) 6. Light loco(s) (moving) 2. Train (units pushing) 4. Car(s) (moving) 7. Light loco(s) (standing) 5. Car(s) (standing) 8. Other (specify)	
14. Vehicle Speed (est. mph at impact)		15. Direction (geographical) 1. North 2. South 3. East 4. West		Code		18. Position of Car Unit in Train	
16. Position 1. Stalled on crossing 2. Stopped on crossing 3. Moving over crossing 4. Trapped		Code		19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user		Code	
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway user 2. Rail equipment 3. Both 4. Neither		Code		20b. Was there a hazardous materials release by 1. Highway user 2. Rail equipment 3. Both 4. Neither		Code	
20c. State here the name and quantity of the hazardous material released, if any.							
21. Temperature (specify if minus) ° F		22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark		Code		23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow	
24. Type of Equipment Consist (single entry) 1. Freight train 2. Passenger train 3. Commuter train 4. Work train 5. Single car 6. Cut of cars 7. Yard/switching 8. Light loco(s) 9. Maint./inspect. car		Code		25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry		26. Track Number or Name	
27. FRA Track Class (1-6, X)		28. Number of Locomotive Units		29. Number of Cars		30. Consist Speed (Recorded if available) R - Recorded E - Estimated MPH	
31. Time Table Direction 1. North 2. South 3. East 4. West		Code		32. Type of Crossing Warning 1. Gates 2. Cantilever FLS 3. Standard FLS 4. Wig wags 5. Hwy. traffic signals 6. Audible 7. Crossbucks 8. Stop signs 9. Watchman 10. Flagged by crew 11. Other (specify) 12. None		33. Signaled Crossing Warning (See reverse side for) Code	
34. Whistle Ban 1. Yes 2. No 3. Unknown		Code		35. Location of Warning 1. Both sides 2. Side of vehicle approach 3. Opposite side of vehicle approach		Code	
36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown		Code		37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown		Code	
38. Driver's Age		39. Driver's Gender 1. Male 2. Female		Code		40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown	
41. Driver 1. Drove around or thru the gate 2. Stopped and then proceeded 3. Did not stop		Code		42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown		Code	
43. View of Track Obscured by (primary obstruction) 1. Permanent structure 2. Standing railroad equipment 3. Passing train 4. Topography 5. Vegetation 6. Highway vehicles 7. Other (specify) 8. Not obstructed		Code		44. Driver was 1. Killed 2. Injured 3. Uninjured		Code	
45. Was Driver in the Vehicle? 1. Yes 2. No		Code		46. Highway-Rail Crossing Users		47. Highway Vehicle Property Damage (est. dollar damage)	
48. Total Number of Highway-Rail Crossing Users (include driver)		Code		49. Railroad Employees		50. Total Number of People on Train (include passengers and train crew)	
51. Is a Rail Equipment Accident/ Incident Report Being Filed? 1. Yes 2. No		Code		52. Passengers on Train		53a. Special Study Block	
53b. Special Study Block		54. Narrative Description (Be specific, and continue on)					
55. Typed Name and Title		56. Signature		57. Date			

INSTRUCTIONS FOR COMPLETING BLOCK 33

Only if Types 1 - 6, Item 32 are indicated, mark in Block 33 the status of the warning devices at the crossing at the time of the accident, using the following codes:

1. Provided minimum 20-second warning.
2. Alleged warning time greater than 60 seconds.
3. Alleged warning time less than 20 seconds.
4. Alleged no warning.
5. Confirmed warning time greater than 60 seconds.
6. Confirmed warning time less than 20 seconds.
7. Confirmed no warning.

If status code 5, 6, or 7 was entered, also enter a letter code explanation from the list below:

- A. Insulated rail vehicle.
- B. Storm/lightning damage.
- C. Vandalism.
- D. No power/batteries dead.
- E. Devices down for repair.
- F. Devices out of service.
- G. Warning time greater than 60 seconds attributed to accident-involved train stopping short of the crossing, but within track circuit limits, while warning devices remain continuously active with no other in-motion train present.
- H. Warning time greater than 60 seconds attributed to track circuit failure (e.g., insulated rail joint or rail bonding failure, track or ballast fouled, etc.).
- J. Warning time greater than 60 seconds attributed to other train/equipment within track circuit limits.
- K. Warning time less than 20 seconds attributed to signals timing out before train's arrival at the crossing/island circuit.
- L. Warning time less than 20 seconds attributed to train operating counter to track circuit design direction.
- M. Warning time less than 20 seconds attributed to train speed in excess of track circuit's design speed.
- N. Warning time less than 20 seconds attributed to signal system's failure to detect train approach.
- P. Warning time less than 20 seconds attributed to violation of special train operating instructions.
- R. No warning attributed to signal system's failure to detect the train.
- S. Other cause(s). Explain in Narrative Description.

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION (FRA)

HIGHWAY-RAIL GRADE CROSSING
ACCIDENT/INCIDENT REPORT

OMB Approval No.: 2130-0500

1. Name of Reporting Railroad				1a. Alphabetic Code		1b. Railroad Accident/Incident No.	
2. Name of Other Railroad Involved in Train Accident/Incident				2a. Alphabetic Code		2b. Railroad Accident/Incident No.	
3. Name of Railroad Responsible for Truck Maintenance (single entry)				3a. Alphabetic Code		3b. Railroad Accident/Incident No.	
4. U. S. DOT-AAR Grade Crossing Identification Number				5. Date of Accident/Incident month day year		6. Time of Accident/Incident AM <input type="checkbox"/> PM <input type="checkbox"/>	
7. Nearest Railroad Station		8. Division		9. County		10. State Abbr. Code	
11. City (if in a city)				12. Highway Name or Number Public <input type="checkbox"/> Private <input type="checkbox"/>			
Highway User Involved				Rail Equipment Involved			
13. Type C. Truck-trailer A. Auto B. Truck D. Pick-up truck E. Van		F. Bus G. School bus H. Motorcycle		J. Other motor vehicle K. Pedestrian M. Other (specify)		Code	
14. Vehicle Speed (est. mph at impact)		15. Direction (geographical) 1. North 2. South 3. East 4. West		Code		17. Equipment 1. Train (units pulling) 2. Train (units pushing)	
						3. Train (standing) 4. Car(s) (moving) 5. Car(s) (standing)	
						6. Light loco(s) (moving) 7. Light loco(s) (standing) 8. Other (specify)	
						Code	
16. Position 1. Stalled on crossing 2. Stopped on crossing 3. Moving over crossing 4. Trapped		Code		18. Position of Car Unit in Train			
				19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user			
				Code			
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway user 2. Rail equipment 3. Both 4. Neither				Code			
				20b. Was there a hazardous materials release by 1. Highway user 2. Rail equipment 3. Both 4. Neither			
				Code			
20c. State here the name and quantity of the hazardous material released, if any.							
21. Temperature (specify if minus) ° F		22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark		Code		23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow	
						Code	
24. Type of Equipment Consist (single entry) 1. Freight train 2. Passenger train 3. Commuter train		4. Work train 5. Single car 6. Cut of cars		7. Yard/switching 8. Light loco(s) 9. Maint./inspect. car		Code	
						25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry	
						Code	
27. FRA Track Class (1-6, X)		28. Number of Locomotive Units		29. Number of Cars		30. Consist Speed (Recorded if available) R - Recorded E - Estimated MPH	
						Code	
						31. Time Table Direction 1. North 3. East 2. South 4. West	
						Code	
32. Type of Crossing Warning 1. Gates 2. Cantilever FLS 3. Standard FLS		4. Wig wags 5. Hwy. traffic signals 6. Audible		7. Crossbucks 8. Stop signs 9. Watchman		10. Flagged by crew 11. Other (specify) 12. None	
						Code	
						33. Signaled Crossing Warning (See reverse side for) Code	
						34. Whistle Ban 1. Yes 2. No 3. Unknown	
						Code	
35. Location of Warning 1. Both sides 2. Side of vehicle approach 3. Opposite side of vehicle approach		Code		36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown		Code	
						37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown	
						Code	
38. Driver's Age		39. Driver's Gender 1. Male 2. Female		Code		40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown	
						Code	
						41. Driver 1. Drove around or thru the gate 2. Stopped and then proceeded 3. Did not stop	
						Code	
42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown		Code		43. View of Track Obscured by (primary obstruction) 1. Permanent structure 2. Standing railroad equipment 3. Passing train 4. Topography 5. Vegetation 6. Highway vehicles 7. Other (specify) 8. Not obstructed			
Casualties to:		Killed		Injured		44. Driver was 1. Killed 2. Injured 3. Uninjured	
						Code	
						45. Was Driver in the Vehicle? 1. Yes 2. No	
						Code	
46. Highway-Rail Crossing Users				47. Highway Vehicle Property Damage (est. dollar damage)		48. Total Number of Highway-Rail Crossing Users (include driver)	
49. Railroad Employees				50. Total Number of People on Train (include passengers and train crew)		51. Is a Rail Equipment Accident/ Incident Report Being Filed? 1. Yes 2. No	
						Code	
52. Passengers on Train							
53a. Special Study Block				53b. Special Study Block			
54. Narrative Description (Be specific, and continue on)							
55. Typed Name and Title				56. Signature		57. Date	

INSTRUCTIONS FOR COMPLETING BLOCK 33

Only if Types 1 - 6, Item 32 are indicated, mark in Block 33 the status of the warning devices at the crossing at the time of the accident, using the following codes:

1. Provided minimum 20-second warning.
2. Alleged warning time greater than 60 seconds.
3. Alleged warning time less than 20 seconds.
4. Alleged no warning.
5. Confirmed warning time greater than 60 seconds.
6. Confirmed warning time less than 20 seconds.
7. Confirmed no warning.

If status code 5, 6, or 7 was entered, also enter a letter code explanation from the list below:

- A. Insulated rail vehicle.
- B. Storm/lightning damage.
- C. Vandalism.
- D. No power/batteries dead.
- E. Devices down for repair.
- F. Devices out of service.
- G. Warning time greater than 60 seconds attributed to accident-involved train stopping short of the crossing, but within track circuit limits, while warning devices remain continuously active with no other in-motion train present.
- H. Warning time greater than 60 seconds attributed to track circuit failure (e.g., insulated rail joint or rail bonding failure, track or ballast fouled, etc.).
- J. Warning time greater than 60 seconds attributed to other train/equipment within track circuit limits.
- K. Warning time less than 20 seconds attributed to signals timing out before train's arrival at the crossing/island circuit.
- L. Warning time less than 20 seconds attributed to train operating counter to track circuit design direction.
- M. Warning time less than 20 seconds attributed to train speed in excess of track circuit's design speed.
- N. Warning time less than 20 seconds attributed to signal system's failure to detect train approach.
- P. Warning time less than 20 seconds attributed to violation of special train operating instructions.
- R. No warning attributed to signal system's failure to detect the train.
- S. Other cause(s). Explain in Narrative Description.

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION (FRA)

1. Date of Accident/Incident (YY/MM/DD)			2. Time of Accident/Incident			AM					
						PM					
3. Name of Railroad					4. Incident Number						
5. Other Railroad					6. Incident Number						
7. Railroad Responsible for Track Maintenance					8. Incident Number						
9. Type of Accident/Incident (Derailment, Collision, Obstruction, Other)											
10. Number of Hazmat Cars Damaged or Derailed					11. Number of Hazmat Cars Releasing Product						
12. Division					13. Nearest City/Town			14. State			
15. Milepost (to nearest tenth)		16. Specific Site									
17. Speed			Actual				18. Train/Job Number				
			Estimated								
19. Type of Equipment (Freight, Passenger, Yard/Switching, etc.)					20. Type of Track (Main, Yard, Siding, Industry)						
21. Total Locomotive Units in Train		22. Total Locomotives Derailed			23. Total of Cars in Equipment Consist			24. Total Cars Derailed			
25. Equipment Damage (in dollars)					26. Track, Signal, Way & Structure Damage (in dollars)						
27. Primary Cause					28. Contributing Cause						
29. Persons Injured and Killed		Injured		Killed				Injured		Killed	
Worker on duty - employee						Worker on duty - contractor					
Employees not on duty						Contractor - other					
Passengers on trains						Worker on duty - volunteer					
Nontrespassers/on railroad property						Volunteer - other					
Trespassers						Nontrespassers/off railroad property					
30. Narrative Description (Be specific, and continue on separate sheet if necessary)											
31. Was this accident/incident reported to the FRA? Yes <input type="checkbox"/> No <input type="checkbox"/>											
32. Name of Railroad Official				33. Signature				34. Telephone Number		35. Date	

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION (FRA)

OMB Approval No.: 2130-0500

1. Date of Accident/Incident (YY/MM/DD)			2. Time of Accident/Incident			AM	
						PM	
3. Name of Railroad				4. Incident Number			
5. Other Railroad				6. Incident Number			
7. Railroad Responsible for Track Maintenance				8. Incident Number			
9. Type of Accident/Incident (Derailment, Collision, Obstruction, Other)							
10. Number of Hazmat Cars Damaged or Derailed				11. Number of Hazmat Cars Releasing Product			
12. Division				13. Nearest City/Town			14. State
15. Milepost (to nearest tenth)		16. Specific Site					
17. Speed		Actual				18. Train/Job Number	
		Estimated					
19. Type of Equipment (Freight, Passenger, Yard/Switching, etc.)				20. Type of Track (Main, Yard, Siding, Industry)			
21. Total Locomotive Units in Train		22. Total Locomotives Derailed		23. Total of Cars in Equipment Consist		24. Total Cars Derailed	
25. Equipment Damage (in dollars)				26. Track, Signal, Way & Structure Damage (in dollars)			
27. Primary Cause				28. Contributing Cause			
29. Persons Injured and Killed		Injured		Killed			
Worker on duty - employee						Worker on duty - contractor	
Employees not on duty						Contractor - other	
Passengers on trains						Worker on duty - volunteer	
Nontrespassers/on railroad property						Volunteer - other	
Trespassers						Nontrespassers/off railroad property	
30. Narrative Description (Be specific, and continue on separate sheet if necessary)							
31. Was this accident/incident reported to the FRA? Yes <input type="checkbox"/> No <input type="checkbox"/>							
32. Name of Railroad Official		33. Signature			34. Telephone Number		35. Date

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION (FRA)

OMB Approval No.: 2130-0500

1. Date of Accident/Incident (YY/MM/DD)		2. Time of Accident/Incident		AM	
				PM	
3. Name of Railroad			4. Incident Number		
5. Other Railroad			6. Incident Number		
7. Railroad Responsible for Track Maintenance			8. Incident Number		
9. Type of Accident/Incident (Derailment, Collision, Obstruction, Other)					
10. Number of Hazmat Cars Damaged or Derailed			11. Number of Hazmat Cars Releasing Product		
12. Division			13. Nearest City/Town		14. State
15. Milepost (to nearest tenth)		16. Specific Site			
17. Speed		Actual		18. Train/Job Number	
		Estimated			
19. Type of Equipment (Freight, Passenger, Yard/Switching, etc.)			20. Type of Track (Main, Yard, Siding, Industry)		
21. Total Locomotive Units in Train		22. Total Locomotives Derailed		23. Total of Cars in Equipment Consist	
				24. Total Cars Derailed	
25. Equipment Damage (in dollars)			26. Track, Signal, Way & Structure Damage (in dollars)		
27. Primary Cause			28. Contributing Cause		
29. Persons Injured and Killed		Injured		Killed	
Worker on duty - employee				Worker on duty - contractor	
Employees not on duty				Contractor - other	
Passengers on trains				Worker on duty - volunteer	
Nontrespassers/on railroad property				Volunteer - other	
Trespassers				Nontrespassers/off railroad property	
30. Narrative Description (Be specific, and continue on separate sheet if necessary)					
31. Was this accident/incident reported to the FRA? Yes <input type="checkbox"/> No <input type="checkbox"/>					
32. Name of Railroad Official		33. Signature		34. Telephone Number	
				35. Date	

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION (FRA)

[illegible]

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION (FRA)

[illegible]

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION (FRA)

1. Date of Accident/Incident (YY/MM/DD)			2. Time of Accident/Incident			AM					
						PM					
3. Name of Railroad					4. Incident Number						
5. Other Railroad					6. Incident Number						
7. Railroad Responsible for Track Maintenance					8. Incident Number						
9. Type of Accident/Incident (Derailment, Collision, Obstruction, Other)											
10. Number of Hazmat Cars Damaged or Derailed					11. Number of Hazmat Cars Releasing Product						
12. Division					13. Nearest City/Town			14. State			
15. Milepost (to nearest tenth)		16. Specific Site									
17. Speed			Actual				18. Train/Job Number				
			Estimated								
19. Type of Equipment (Freight, Passenger, Yard/Switching, etc.)					20. Type of Track (Main, Yard, Siding, Industry)						
21. Total Locomotive Units in Train		22. Total Locomotives Derailed			23. Total of Cars in Equipment Consist			24. Total Cars Derailed			
25. Equipment Damage (in dollars)					26. Track, Signal, Way & Structure Damage (in dollars)						
27. Primary Cause					28. Contributing Cause						
29. Persons Injured and Killed		Injured		Killed				Injured		Killed	
Worker on duty - employee						Worker on duty - contractor					
Employees not on duty						Contractor - other					
Passengers on trains						Worker on duty - volunteer					
Nontrespassers/on railroad property						Volunteer - other					
Trespassers						Nontrespassers/off railroad property					
30. Narrative Description (Be specific, and continue on separate sheet if necessary)											
31. Was this accident/incident reported to the FRA? Yes <input type="checkbox"/> No <input type="checkbox"/>											
32. Name of Railroad Official				33. Signature				34. Telephone Number		35. Date	

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION (FRA)

1. Date of Accident/Incident (YY/MM/DD)			2. Time of Accident/Incident			AM					
						PM					
3. Name of Railroad					4. Incident Number						
5. Other Railroad					6. Incident Number						
7. Railroad Responsible for Track Maintenance					8. Incident Number						
9. Type of Accident/Incident (Derailment, Collision, Obstruction, Other)											
10. Number of Hazmat Cars Damaged or Derailed					11. Number of Hazmat Cars Releasing Product						
12. Division					13. Nearest City/Town			14. State			
15. Milepost (to nearest tenth)		16. Specific Site									
17. Speed			Actual				18. Train/Job Number				
			Estimated								
19. Type of Equipment (Freight, Passenger, Yard/Switching, etc.)					20. Type of Track (Main, Yard, Siding, Industry)						
21. Total Locomotive Units in Train		22. Total Locomotives Derailed			23. Total of Cars in Equipment Consist			24. Total Cars Derailed			
25. Equipment Damage (in dollars)					26. Track, Signal, Way & Structure Damage (in dollars)						
27. Primary Cause					28. Contributing Cause						
29. Persons Injured and Killed		Injured		Killed				Injured		Killed	
Worker on duty - employee						Worker on duty - contractor					
Employees not on duty						Contractor - other					
Passengers on trains						Worker on duty - volunteer					
Nontrespassers/on railroad property						Volunteer - other					
Trespassers						Nontrespassers/off railroad property					
30. Narrative Description (Be specific, and continue on separate sheet if necessary)											
31. Was this accident/incident reported to the FRA? Yes <input type="checkbox"/> No <input type="checkbox"/>											
32. Name of Railroad Official				33. Signature				34. Telephone Number		35. Date	

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION (FRA)

1. Date of Accident/Incident (YY/MM/DD)		2. Time of Accident/Incident		AM	
				PM	
3. Name of Railroad			4. Incident Number		
5. Other Railroad			6. Incident Number		
7. Railroad Responsible for Track Maintenance			8. Incident Number		
9. Type of Accident/Incident (Derailment, Collision, Obstruction, Other)					
10. Number of Hazmat Cars Damaged or Derailed			11. Number of Hazmat Cars Releasing Product		
12. Division			13. Nearest City/Town		14. State
15. Milepost (to nearest tenth)		16. Specific Site			
17. Speed		Actual		18. Train/Job Number	
		Estimated			
19. Type of Equipment (Freight, Passenger, Yard/Switching, etc.)			20. Type of Track (Main, Yard, Siding, Industry)		
21. Total Locomotive Units in Train		22. Total Locomotives Derailed		23. Total of Cars in Equipment Consist	
				24. Total Cars Derailed	
25. Equipment Damage (in dollars)			26. Track, Signal, Way & Structure Damage (in dollars)		
27. Primary Cause			28. Contributing Cause		
29. Persons Injured and Killed		Injured	Killed		Injured
Worker on duty - employee				Worker on duty - contractor	
Employees not on duty				Contractor - other	
Passengers on trains				Worker on duty - volunteer	
Nontrespassers/on railroad property				Volunteer - other	
Trespassers				Nontrespassers/off railroad property	
30. Narrative Description (Be specific, and continue on separate sheet if necessary)					
31. Was this accident/incident reported to the FRA? Yes <input type="checkbox"/> No <input type="checkbox"/>					
32. Name of Railroad Official		33. Signature		34. Telephone Number	
				35. Date	

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION (FRA)

1. Date of Accident/Incident (YY/MM/DD)			2. Time of Accident/Incident			AM	
						PM	
3. Name of Railroad				4. Incident Number			
5. Other Railroad				6. Incident Number			
7. Railroad Responsible for Track Maintenance				8. Incident Number			
9. Type of Accident/Incident (Derailment, Collision, Obstruction, Other)							
10. Number of Hazmat Cars Damaged or Derailed			11. Number of Hazmat Cars Releasing Product				
12. Division			13. Nearest City/Town		14. State		
15. Milepost (to nearest tenth)		16. Specific Site					
17. Speed		Actual		18. Train/Job Number			
		Estimated					
19. Type of Equipment (Freight, Passenger, Yard/Switching, etc.)			20. Type of Track (Main, Yard, Siding, Industry)				
21. Total Locomotive Units in Train		22. Total Locomotives Derailed		23. Total of Cars in Equipment Consist		24. Total Cars Derailed	
25. Equipment Damage (in dollars)			26. Track, Signal, Way & Structure Damage (in dollars)				
27. Primary Cause			28. Contributing Cause				
29. Persons Injured and Killed		Injured		Killed		Injured	
Worker on duty - employee						Worker on duty - contractor	
Employees not on duty						Contractor - other	
Passengers on trains						Worker on duty - volunteer	
Nontrespassers/on railroad property						Volunteer - other	
Trespassers						Nontrespassers/off railroad property	
30. Narrative Description (Be specific, and continue on separate sheet if necessary)							
31. Was this accident/incident reported to the FRA? Yes <input type="checkbox"/> No <input type="checkbox"/>							
32. Name of Railroad Official		33. Signature			34. Telephone Number		35. Date

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION (FRA)

1. Date of Accident/Incident (YY/MM/DD)				2. Time of Accident/Incident		AM	
						PM	
3. Name of Railroad				4. Incident Number			
5. Other Railroad				6. Incident Number			
7. Railroad Responsible for Track Maintenance				8. Incident Number			
9. Type of Accident/Incident (Derailment, Collision, Obstruction, Other)							
10. Number of Hazmat Cars Damaged or Derailed				11. Number of Hazmat Cars Releasing Product			
12. Division				13. Nearest City/Town		14. State	
15. Milepost (to nearest tenth)		16. Specific Site					
17. Speed		Actual				18. Train/Job Number	
		Estimated					
19. Type of Equipment (Freight, Passenger, Yard/Switching, etc.)				20. Type of Track (Main, Yard, Siding, Industry)			
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25. Equipment Damage (in dollars)				26. Track, Signal, Way & Structure Damage (in dollars)			
27. Primary Cause				28. Contributing Cause			
29. Persons Injured and Killed		Injured		Killed			
Worker on duty - employee						Injured	
Employees not on duty						Killed	
Passengers on trains							
Nontrespassers/on railroad property							
Trespassers							
30. Narrative Description (Be specific, and continue on separate sheet if necessary)							
31. Was this accident/incident reported to the FRA? Yes <input type="checkbox"/> No <input type="checkbox"/>							
32. Name of Railroad Official		33. Signature			34. Telephone Number		35. Date

RAILROAD EMPLOYEE INJURY AND/OR ILLNESS RECORD

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION (FRA)

OMB Approval No.: 2130-0500

1. Railroad						2. Case/Incident Number							
EMPLOYEE INFORMATION													
3. Last Name, First Name, Middle Initial					4. Date of Birth		5. Sex (M/F)		6. Social Security Number		7. Date Hired		
HOME ADDRESS:		8. Street Address <i>(include Apt. No.)</i>				9. City		10. State		11. ZIP		12. Home Telephone No. <i>(include area code)</i>	
ESTABLISHMENT/ FACILITY WHERE EMPLOYEE NORMALLY REPORTS:		13. Name of Facility											
		14. Street Address				15. City				16. State		17. ZIP	
18. Job Title						19. Department Assigned To							
ACTIVITY/INCIDENT/EXPOSURE DESCRIPTION													
LOCATION WHERE ACCIDENT/ INCIDENT/ EXPOSURE OCCURRED:		20. Specific Site											
		21. City				22. County				23. State		24. ZIP	
25. Is this on your premises? Yes <input type="checkbox"/> No <input type="checkbox"/>		26. Date of Occurrence		27. Time Shift Began		AM <input type="checkbox"/> PM <input type="checkbox"/>		28. Time of Occurrence		AM <input type="checkbox"/> PM <input type="checkbox"/>		29. Was person on duty? Yes <input type="checkbox"/> No <input type="checkbox"/>	
COMPANY NOTIFICATION:		30. Date that Employee Notified Company Personnel of Condition				31. Time that Employee Notified Company Personnel of Condition				AM <input type="checkbox"/> PM <input type="checkbox"/>		32. Person Notified	
33. Describe the general activity this person was engaged in prior to injury/illness.													
34. Describe all factors associated with this case that are pertinent to an understanding of how it occurred. Include a discussion of the sequence of events leading up to it, and the tools, machinery, processes, material, environmental conditions, etc., involved.													

INJURY/CONDITION INFORMATION

35. Describe in detail the injury/condition that this person sustained. Include a discussion of the body parts affected. If this is a recurrence, list date of last occurrence.

36. Identify all persons and organizations used to evaluate and/or treat condition. (Include facility, provider, and address)

37. Describe all procedures, medications, therapy, etc., used/recommended for the treatment of condition:

38. Check any of the following consequences resulting from this injury/condition:

- | | |
|--|--|
| <p><input type="checkbox"/> Death. Date of: _____</p> <p><input type="checkbox"/> Restriction of work. Total days of restricted activity: _____ as of: _____</p> <p><input type="checkbox"/> Occupational illness. Date of initial diagnosis: _____</p> <p><input type="checkbox"/> Instructions to obtain prescription medication, or receipt of prescription medication.</p> <p><input type="checkbox"/> Missed a day of work or next shift. Actual days absent from work: _____ as of: _____</p> <p><input type="checkbox"/> Medical treatment. This includes any medical care or treatment beyond "first aid" that is given, or should have been given, regardless of who provided the treatment. "First Aid" treatment is limited to very simple procedures, e.g., application of a bandaid on minor scratches, cuts, abrasions, etc.</p> <p><input type="checkbox"/> Transfer to another job or termination of employment.</p> | <p><input type="checkbox"/> Hospitalization for treatment as an inpatient.</p> <p><input type="checkbox"/> Multiple treatments or therapy sessions.</p> <p><input type="checkbox"/> Loss of consciousness.</p> |
|--|--|

39. If any of the above consequences occurred, the injury/condition is almost always reportable to FRA on Form FRA F 6180.55a. If you believe this case does not meet the reporting criteria, you must give a brief explanation below of the basis for this decision. Was the case reported? Yes ☐ No ☐

40. Has this employee been provided an opportunity to review his or her file? Yes ☐ No ☐

41. Preparer's Name

42. Preparer's Title

43. Telephone Number

44. Date

RAILROAD EMPLOYEE INJURY AND/OR ILLNESS RECORD

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION (FRA)

OMB Approval No.: 2130-0500

1. Railroad						2. Case/Incident Number							
EMPLOYEE INFORMATION													
3. Last Name, First Name, Middle Initial					4. Date of Birth		5. Sex (M/F)		6. Social Security Number		7. Date Hired		
HOME ADDRESS:		8. Street Address <i>(include Apt. No.)</i>				9. City		10. State		11. ZIP		12. Home Telephone No. <i>(include area code)</i>	
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18. Job Title						19. Department Assigned To							
ACTIVITY/INCIDENT/EXPOSURE DESCRIPTION													
LOCATION WHERE ACCIDENT/ INCIDENT/ EXPOSURE OCCURRED:		20. Specific Site											
		21. City				22. County				23. State		24. ZIP	
25. Is this on your premises? Yes <input type="checkbox"/> No <input type="checkbox"/>		26. Date of Occurrence		27. Time Shift Began		AM <input type="checkbox"/> PM <input type="checkbox"/>		28. Time of Occurrence		AM <input type="checkbox"/> PM <input type="checkbox"/>		29. Was person on duty? Yes <input type="checkbox"/> No <input type="checkbox"/>	
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38. Check any of the following consequences resulting from this injury/condition:

- | | |
|---|---|
| <input type="checkbox"/> Death. Date of: _____ | <input type="checkbox"/> Hospitalization for treatment as an inpatient. |
| <input type="checkbox"/> Restriction of work. Total days of restricted activity: _____ as of: _____ | <input type="checkbox"/> Multiple treatments or therapy sessions. |
| <input type="checkbox"/> Occupational illness. Date of initial diagnosis: _____ | <input type="checkbox"/> Loss of consciousness. |
| <input type="checkbox"/> Instructions to obtain prescription medication, or receipt of prescription medication. | |
| <input type="checkbox"/> Missed a day of work or next shift. Actual days absent from work: _____ as of: _____ | |
| <input type="checkbox"/> Medical treatment. This includes any medical care or treatment beyond "first aid" that is given, or should have been given, regardless of who provided the treatment. "First Aid" treatment is limited to very simple procedures, e.g., application of a bandaid on minor scratches, cuts, abrasions, etc. | |
| <input type="checkbox"/> Transfer to another job or termination of employment. | |

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RAILROAD EMPLOYEE INJURY AND/OR ILLNESS RECORD

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION (FRA)

OMB Approval No.: 2130-0500

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		21. City				22. County				23. State		24. ZIP		
25. Is this on your premises? Yes <input type="checkbox"/> No <input type="checkbox"/>		26. Date of Occurrence		27. Time Shift Began		AM <input type="checkbox"/> PM <input type="checkbox"/>		28. Time of Occurrence		AM <input type="checkbox"/> PM <input type="checkbox"/>		29. Was person on duty? Yes <input type="checkbox"/> No <input type="checkbox"/>		
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- | | |
|---|---|
| <input type="checkbox"/> Death. Date of: _____ | <input type="checkbox"/> Hospitalization for treatment as an inpatient. |
| <input type="checkbox"/> Restriction of work. Total days of restricted activity: _____ as of: _____ | <input type="checkbox"/> Multiple treatments or therapy sessions. |
| <input type="checkbox"/> Occupational illness. Date of initial diagnosis: _____ | <input type="checkbox"/> Loss of consciousness. |
| <input type="checkbox"/> Instructions to obtain prescription medication, or receipt of prescription medication. | |
| <input type="checkbox"/> Missed a day of work or next shift. Actual days absent from work: _____ as of: _____ | |
| <input type="checkbox"/> Medical treatment. This includes any medical care or treatment beyond "first aid" that is given, or should have been given, regardless of who provided the treatment. "First Aid" treatment is limited to very simple procedures, e.g., application of a bandaid on minor scratches, cuts, abrasions, etc. | |
| <input type="checkbox"/> Transfer to another job or termination of employment. | |

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40. Has this employee been provided an opportunity to review his or her file? Yes ☐ No ☐

41. Preparer's Name

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DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION (FRA)

[illegible]

INJURY/CONDITION INFORMATION

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| <input type="checkbox"/> Death. Date of: _____ | <input type="checkbox"/> Hospitalization for treatment as an inpatient. |
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44. Date

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION (FRA)

OMB Approval No.: 2130-0500

FORM FRA F 6180.98

INJURY/CONDITION INFORMATION

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- | | |
|---|---|
| <input type="checkbox"/> Death. Date of: _____ | <input type="checkbox"/> Hospitalization for treatment as an inpatient. |
| <input type="checkbox"/> Restriction of work. Total days of restricted activity: _____ as of: _____ | <input type="checkbox"/> Multiple treatments or therapy sessions. |
| <input type="checkbox"/> Occupational illness. Date of initial diagnosis: _____ | <input type="checkbox"/> Loss of consciousness. |
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40. Has this employee been provided an opportunity to review his or her file?

Yes ☐

No ☐

41. Preparer's Name

42. Preparer's Title

43. Telephone Number

44. Date

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION (FRA)

OMB Approval No.: 2130-0500

[illegible]

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DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION (FRA)

OMB Approval No.: 2130-0500

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INJURY/CONDITION INFORMATION

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DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION (FRA)

OMB Approval No.: 2130-0500

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INJURY/CONDITION INFORMATION

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RAILROAD EMPLOYEE INJURY AND/OR ILLNESS RECORD

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION (FRA)

OMB Approval No.: 2130-0500

1. Railroad					2. Case/Incident Number								
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HOME ADDRESS:		8. Street Address <i>(include Apt. No.)</i>			9. City		10. State		11. ZIP		12. Home Telephone No. <i>(include area code)</i>		
ESTABLISHMENT/ FACILITY WHERE EMPLOYEE NORMALLY REPORTS:		13. Name of Facility											
		14. Street Address				15. City				16. State		17. ZIP	
18. Job Title					19. Department Assigned To								
ACTIVITY/INCIDENT/EXPOSURE DESCRIPTION													
LOCATION WHERE ACCIDENT/ INCIDENT/ EXPOSURE OCCURRED:		20. Specific Site											
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25. Is this on your premises? Yes <input type="checkbox"/> No <input type="checkbox"/>		26. Date of Occurrence		27. Time Shift Began		AM <input type="checkbox"/> PM <input type="checkbox"/>		28. Time of Occurrence		AM <input type="checkbox"/> PM <input type="checkbox"/>		29. Was person on duty? Yes <input type="checkbox"/> No <input type="checkbox"/>	
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RAILROAD EMPLOYEE INJURY AND/OR ILLNESS RECORD

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION (FRA)

OMB Approval No.: 2130-0500

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| <p><input type="checkbox"/> Death. Date of: _____</p> <p><input type="checkbox"/> Restriction of work. Total days of restricted activity: _____ as of: _____</p> <p><input type="checkbox"/> Occupational illness. Date of initial diagnosis: _____</p> <p><input type="checkbox"/> Instructions to obtain prescription medication, or receipt of prescription medication.</p> <p><input type="checkbox"/> Missed a day of work or next shift. Actual days absent from work: _____ as of: _____</p> <p><input type="checkbox"/> Medical treatment. This includes any medical care or treatment beyond "first aid" that is given, or should have been given, regardless of who provided the treatment. "First Aid" treatment is limited to very simple procedures, e.g., application of a bandaid on minor scratches, cuts, abrasions, etc.</p> <p><input type="checkbox"/> Transfer to another job or termination of employment.</p> | <p><input type="checkbox"/> Hospitalization for treatment as an inpatient.</p> <p><input type="checkbox"/> Multiple treatments or therapy sessions.</p> <p><input type="checkbox"/> Loss of consciousness.</p> |
|--|--|

39. If any of the above consequences occurred, the injury/condition is almost always reportable to FRA on Form FRA F 6180.55a. If you believe this case does not meet the reporting criteria, you must give a brief explanation below of the basis for this decision. Was the case reported? Yes ☐ No ☐

40. Has this employee been provided an opportunity to review his or her file? Yes ☐ No ☐

41. Preparer's Name

42. Preparer's Title

43. Telephone Number

44. Date

ANNUAL RAILROAD REPORT

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION (FRA)OF
EMPLOYEE HOURS AND CASUALTIES, BY STATE

OMB Approval No.: 2130-0500

1. Reporting Railroad			2. Alphabetic Code		3. Report Year
4. Establishments Included in this Report			5. Average Employment in Report Year		
6.					
State	Employee Hours	Casualties	State	Employee Hours	Casualties
Alabama			Montana		
Alaska			Nebraska		
Arizona			Nevada		
Arkansas			New Hampshire		
California			New Jersey		
Colorado			New Mexico		
Connecticut			New York		
Delaware			North Carolina		
District of Columbia			North Dakota		
Florida			Ohio		
Georgia			Oklahoma		
Idaho			Oregon		
Illinois			Pennsylvania		
Indiana			Rhode Island		
Iowa			South Carolina		
Kansas			South Dakota		
Kentucky			Tennessee		
Louisiana			Texas		
Maine			Utah		
Maryland			Vermont		
Massachusetts			Virginia		
Michigan			Washington		
Minnesota			West Virginia		
Mississippi			Wisconsin		
Missouri			Wyoming		
7. Total Employee Hours for the Year			8. Total Casualties During the Year		
9. Typed Name and Title			10. Signature		11. Date

FRA BATCH CONTROL FOR MAGNETIC MEDIA

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION (FRA)

OMB Approval No.: 2130-0500

1. Name of Reporting Railroad	2. Alphabetic Code	3. Report Month	4. Report Year
5. Rail Equipment Accident/Incident Report (Form FRA F 6180.54)			
<p>a. Number of records on the tape or diskette _____</p> <p>b. Total equipment damage (Field Number 65, Field Name EQPDMG) for all records submitted _____</p> <p>c. Total track damage (Field Number 66, Field Name TRKDMG) for all records submitted _____</p> <p>d. Total number of cars in the consist (the sum of the fields LOADF1, LOADP1, EMPTYP1, EMPTYP1, and CABOOSE1 - Field Numbers 55, 56, 57, 58, and 59, respectively) for all records submitted _____</p>			
6. Highway-Rail Grade Crossing Accident/Incident Report (Form FRA F 6180.57)			
<p>a. Number of records on the tape or diskette _____</p> <p>b. Total vehicle damage (Field Number 47, Field Name VEHDMG) for all records submitted _____</p> <p>c. Total number of highway-rail crossing users, railroad employees, and passengers on train killed (the sum of fields HR_USER_KD, RR_EMP_KD, and PASS_KD - Field Numbers 62, 64, and 66) for all records submitted _____</p> <p>d. Total number of highway-rail crossing users (Field Number 50, Field Name TOTOC) for all records submitted _____</p>			
7. Railroad Injury and Illness Summary (Form FRA F 6180.55)			
<p>a. Number of records on the tape or diskette _____</p> <p>b. Total of all train miles (Freight, Passenger, Yard Switching, and Other) _____</p> <p>c. Railroad worker hours _____</p> <p>d. Passenger miles operated _____</p>			
8. Railroad Injury and Illness Summary (Continuation Sheet) (Form FRA F 6180.55a)			
<p>a. Number of records on the tape or diskette _____</p> <p>b. Total number of lost work days (Field Number 10, Field Name DAYSABS) for all records submitted _____</p> <p>c. Total number of days of restricted activity (Field Number 11, Field Name DAYSRES) for all records submitted _____</p>			
9. Name of Reporting Officer (Type or Print)			10. Date



